

COUNSELOR EXPECTATION EFFECTS ON  
DISABILITY REFERRALS

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A Dissertation  
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The School of Graduate Studies  
Drake University

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In Partial Fulfillment  
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Doctor of Education

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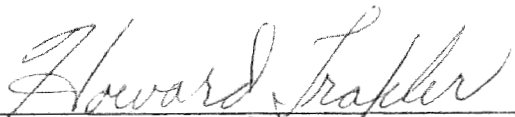
by  
Ralph L. Childers  
May 1983


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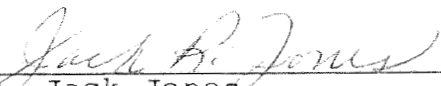
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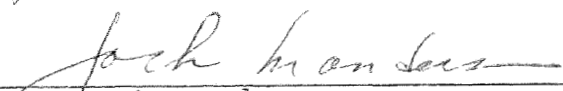
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COUNSELOR EXPECTATION EFFECTS ON  
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An abstract of a Dissertation by  
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May 1983  
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The problem. Client cases referred to vocational rehabilitation from Social Security Disability Determination Services are found eligible at a much lower rate than cases from other referral sources. This might be due to a negative attitude of vocational rehabilitation counselors toward referrals from this source. An increase in the proportion of the referrals that are found eligible is attempted by using the Pygmalion effect.

Procedure. A rating of 1-High, 2-Medium, or 3-Low on Rehabilitation Potential was randomly assigned to all new DDS referrals to vocational rehabilitation made between September 1, 1981, and September 23, 1981. A total of 160 cases were assigned to the study. Computer available data about each case was collected to determine the outcome of each case, closed before eligibility or made eligible for services. A multi-sample Chi Square was used to compare assigned Rehabilitation Potential ratings with the outcomes. The statistical procedure was run a second time on just those referrals which were formally opened, due to the large number that were not processed to that point.

Findings. Two Chi Squares were used. The first used all 152 client cases assigned to the study. The null hypothesis, that there will be no difference in the proportion of client cases assigned a rehabilitation potential rating of high, medium, or low, which are found eligible for vocational rehabilitation services, was retained.

The second Chi Square used only the sixty-two client cases which were formally opened. The same null hypothesis was tested and retained.

Both Chi Squares used a .05 level of significance.

Conclusions. This study failed to show any effect of the expectancy. This is not in line with most expectancy studies and may indicate the influence of administrative personnel on the thinking and action of the counselors. The already present negative attitude toward DDS referrals is also a possible cause. Further study is indicated.

## CONTENTS

	Page
LIST OF TABLES . . . . .	v
LIST OF FIGURES . . . . .	vi
Chapter	
1. INTRODUCTION . . . . .	1
Application for Social Security Disability Benefits . . . . .	10
Vocational Rehabilitation . . . . .	11
Problem . . . . .	18
Definitions . . . . .	25
Hypothesis . . . . .	28
Assumptions . . . . .	28
2. REVIEW OF THE LITERATURE . . . . .	32
Pre-1968 . . . . .	38
Post-1968 . . . . .	43
Rehabilitation Related Literature . . . . .	62
3. METHODOLOGY . . . . .	72
4. COLLECTION AND ANALYSIS OF DATA . . . . .	78
Summary . . . . .	82
5. SUMMARY AND CONCLUSIONS . . . . .	84
Description of Problem . . . . .	84
Research Methodology . . . . .	85
Findings . . . . .	85
Conclusions . . . . .	85



Chapter	Page
Discussion . . . . .	86
Recommendations . . . . .	90
BIBLIOGRAPHY . . . . .	92
APPENDICES	
A. HALF-SHEET REFERRAL FORM . . . . .	104
B. COMPUTER RETRIEVAL FORM . . . . .	105
C. RESB REPORT ARTICLE . . . . .	106

## LIST OF TABLES

Table	Page
1. Chi Square - Observed and Expected Frequencies of All Cases Falling in Each of the Three Possible Ratings of Rehabilitation Potential, by Type of Closure . . . . .	79
2. Chi Square - Observed and Expected Frequencies of Assigned Cases Falling in Each of the Three Possible Ratings of Rehabilitation Potential, by Type of Closure . . . . .	81

## LIST OF FIGURES

Figure	Page
1. Vocational Rehabilitation Status System . . . . .	16

## Chapter 1

### INTRODUCTION

Any disabled person in the United States can apply for and receive services from the vocational rehabilitation agency in the state in which he/she lives. It is estimated that lifetime earnings for persons rehabilitated by state vocational rehabilitation agencies will improve by eleven dollars for every dollar spent on services for them.<sup>1</sup> Return to employment allows the person to discontinue receiving public assistance and other welfare benefits and begin paying taxes and supporting themselves.

Special referral processes have been established for some groups of the disabled to encourage their rehabilitation and return them to gainful employment. This is especially true of applicants for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). Unfortunately, SSDI and SSI referrals to vocational rehabilitation from the Iowa Disability Determination Services (DDS) have a much lower rate of acceptance for vocational rehabilitation services than referrals from most other

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<sup>1</sup>"The Economic Benefit of VR," American Rehabilitation, July-August, 1981, pp. 6, 27.

referral sources.<sup>1</sup> Obviously, unless a person is accepted for service they cannot be rehabilitated.

The rehabilitation of disability applicants allowed Social Security benefits is especially important because these persons draw a considerable dollar amount in Social Security benefits. Many of the persons found ineligible for Social Security benefits are receiving other governmental supported financial assistance. Whether they are allowed or denied benefits, almost all of these people are unemployed.

When Congress created the disability program under Social Security in the Amendments of 1954,<sup>2</sup> almost every state placed the disability determination program in the state vocational rehabilitation agency. Although a few determination units have since been changed to independent status, most still remain within vocational rehabilitation. DDS was placed in the state vocational rehabilitation agency because it was felt that the more rapidly a person could be provided rehabilitation services, the better were the chances that there would be a return to work. Another reason for placing them in the VR agency was the already

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<sup>1</sup>Ralph L. Childers, "Closure and Rehabilitation Rate, Rank by Referral Source" (Des Moines, Iowa: Iowa Rehabilitation Education and Services Branch, Iowa Department of Public Instruction, 1981). (Mimeographed)

<sup>2</sup>U.S. Congress, 83rd, Social Security Amendments of 1954, Act, September 1, 1954, Washington, D.C.

established relationship VR had with the medical community throughout each state.

Prior to 1954, to qualify for Social Security benefits at retirement, age sixty-five, a person had to have paid Social Security tax on at least fifty dollars in wages in at least twenty of the forty calendar quarters directly prior to retirement. This meant that anyone disabled and unable to work, prior to age fifty-five, would have lost all rights to benefits by retirement age, regardless of the number of years the person had worked prior to the onset of the disability. To many this seemed unfair. It seemed to defeat the purpose of the Social Security Act, a retirement base.

The 1954 amendments introduced the provision of a "disability freeze."<sup>1</sup> The freeze provision is much like a "waiver of premium" on an insurance policy. If a person could show that they were disabled, time would cease to count against benefits until the disability ceased or the person reached retirement age. Under the 1954 amendments, disability was defined as, "...unable to engage in any substantial gainful activity (SGA) because of a medically determinable physical or mental impairment that could be expected to be

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<sup>1</sup>Social Security Administration, Study Guide for Disability Determination Adjudicators, Segment II - Legal Framework (Washington, D.C.: Government Printing Office, 1980), p. 4.

of long-continued and indefinite duration or to result in death."<sup>1</sup>

In 1956 amendments to the Social Security Act provided that persons covered under Social Security, who met the definition of disability already in the law, and were between fifty and sixty-four years of age, could receive monthly cash benefits.<sup>2</sup>

The 1958 amendments provided for benefits to be paid to qualified dependents of individuals receiving disability benefits.<sup>3</sup> Dependents already received benefits in the retirement and survivors programs.

In 1960 the requirement that a person be fifty years old to receive disability payments was eliminated.<sup>4</sup> If a person had the required number of quarters of coverage and met the definition of disability, he/she could receive monthly cash disability payments at any age. At age sixty-five, benefits are automatically shifted from disability to

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<sup>1</sup>Social Security Administration, Training Manual for Disability Investigation (Washington, D.C.: Government Printing Office, 1979), p. DI0007.A.

<sup>2</sup>U.S., 84th Congress, Social Security Amendments of 1956, Act, August 1, 1956, Washington, D.C.

<sup>3</sup>U.S., 85th Congress, Social Security Amendments of 1958, Public Law 85-840, Washington, D.C.

<sup>4</sup>U.S., 86th Congress, Social Security Amendments of 1960, Public Law 86-778, Washington, D.C.

retirement benefits. The receipt of disability benefits freezes earnings records for retirement benefits. Today few people apply for or receive the disability freeze.

A change in the definition of disability was the major feature of the amendments of 1965.<sup>1</sup> The requirement that the disability be of long-term continued and indefinite duration or result in death was changed to "...a continuous period of at least twelve months or result in death."<sup>2</sup> No longer did the disability have to be permanent. The new definition considerably increased the prospects of a disability recipient being able to benefit from vocational rehabilitation services.

In 1968 the Social Security amendments made only clarifying changes in the definition of disability.<sup>3</sup> They stressed that a person was not to be considered disabled just because there were no jobs he/she could do in the location where they presently resided. If appropriate jobs existed in substantial numbers in the national economy, the law said it was reasonable to believe that a person should be expected to relocate to obtain and do such work. Location of jobs was to have no effect on whether a person was

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<sup>1</sup>U.S., 89th Congress, Social Security Amendments of 1965, Public Law 89-97, Washington, D.C.

<sup>2</sup>Social Security Administration, Training Manual for Disability Investigation, p. DI0009.G.

<sup>3</sup>U.S., 90th Congress, Social Security Amendments of 1968, Public Law 90-248, Washington, D.C.



eligible for disability benefits.

Until 1972, a disabled person had to wait six months after the onset of the disability before disability payments could begin. No payments were ever received for those six months. In the 1972 amendments this waiting period was reduced to five months.<sup>1</sup> The 1972 amendments also increased the amount of Trust Fund monies available to vocational rehabilitation for services to SSDI beneficiaries. The amount of money available was raised to 1.5 percent of the total Social Security Disability Benefits paid to persons in that state during the previous year. It was expected that a considerable amount of money would be saved by rehabilitating Social Security Disability recipients and removing them from the benefit roles. The rehabilitated recipients would stop drawing Social Security Disability benefits and again pay Social Security and income tax.

Medical expenses are often a burden for a person disabled seriously enough to receive Social Security Disability benefits. In order to help offset these costs the 1972 amendments made persons on SSDI eligible for Medicare benefits, after they had been receiving SSDI for twenty-four consecutive months. Persons on renal dialysis have no waiting period. Medicare benefits became available to

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<sup>1</sup>U.S., 92nd Congress, Social Security Amendments of 1972, Public Law 92-603, Washington, D.C.

qualified SSDI recipients on July 1, 1973.<sup>1</sup>

The Supplemental Security Income (SSI) program began January 1, 1974. SSI was a federalization of the categorical welfare programs previously known as Aid to the Blind (AB), Aid to the Permanently and Totally Disabled (APTD), and Old Age Assistance (OAA). Congress specified that the medical and psychiatric criteria used in the Social Security Disability program was to be the standard for receipt of Supplemental Security Income in disability and blindness cases. In addition to a disability SSI recipients have the additional handicap of being poor.<sup>2</sup>

The responsibility for making the SSI decisions was placed with the DDS, which was already making the decisions for SSDI. Money for SSI payments was appropriated from general tax revenue.

Returning people to employment was important to keep tax costs as low as possible. Therefore, a fund similar to the Trust Fund was established to pay state vocational rehabilitation agencies for services provided to rehabilitate SSI recipients. This fund was called the Supplemental Fund (SF).<sup>3</sup>

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<sup>1</sup>U.S., 92nd Congress, Public Law 92-603.

<sup>2</sup>U.S., 93rd Congress, Social Security Amendments of 1973, Public Law 93-233, Washington, D.C.

<sup>3</sup>Ibid.

The 1976 and 1977 amendments were basically technical and clarifying. No major changes took place in the definition of disability or the requirement that DDS and vocational rehabilitation work together to rehabilitate the disabled.<sup>1</sup>

In 1979 "vocational rules" were introduced. Under this concept, a person not meeting or equalling the disability listings can still receive disability benefits, if past vocational experience, educational level, and residual functional capacity fall within certain parameters. Vocational rules, in some cases, effectively changed and confused the definition of disability. Also in 1979, the listings of impairments was revised and tightened.<sup>2</sup> The number of persons eligible for disability benefits was effectively reduced administratively by making the listings more restrictive.

For many years persons in Congress, vocational rehabilitation and the Social Security Administration felt that one of the reasons more people were not rehabilitated from the disability recipient referrals was that there were many disincentives which kept these people from returning to

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<sup>1</sup>U.S., 94th Congress, Social Security Amendments of 1976, Public Law 94-202, Washington, D.C.; U.S., 95th Congress, Social Security Amendments of 1977, Public Law 95-216, Washington, D.C.

<sup>2</sup>U.S., 95th Congress, Social Security Amendments of 1978, Public Law 95-292, Washington, D.C.

work. The monthly check from Social Security, when allowances for dependents are included, could be larger than pre-disability earnings.<sup>1</sup> An individual discontinued from benefits also lost medical insurance coverage, which was often very significant for a disabled person with chronic medical problems.

The 1980 amendments tried to remove some of the disincentives.<sup>2</sup> Under these amendments, Medicare coverage could continue for up to three years after disability benefits ended, if the discontinuance was due to a return to "substantial gainful activity." If cash benefits were stopped because of a return to "substantial gainful activity" and the recipient was again unable to work within a year, cash benefits began again immediately, without another waiting period.

While these changes appear significant, it is hard to evaluate their actual effect since none of them apply if Social Security has determined that the person has experienced recovery sufficient to no longer meet the disability listings. The fact that the recipient pays Social Security tax on earnings at the "substantial gainful activity" level usually triggers a review of the case.

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<sup>1</sup>Statement by Harlan Watson, RESB/DDS Coordinator, personal interview, Des Moines, Iowa, August 18, 1981.

<sup>2</sup>U.S., 96th Congress, Social Security Amendments of 1980, Public Law 96-265, Washington, D.C.

Included in the 1980 amendments was a provision requiring a review of each allowed case at least once every three years.<sup>1</sup> Since the criteria and disability listings have become more rigid, many people who have received SSDI for five years or more are being discontinued from benefits, since those persons no longer meet the criteria for disability benefits, although they have not experienced any recovery.<sup>2</sup>

### Application for Social Security Disability Benefits<sup>3</sup>

A person who believes that he/she is disabled from work can apply for social security Disability Benefits through a district or branch office of the Social Security Administration. There are twenty-one district/branch offices of the Social Security Administration in Iowa.

The claimant completes several forms, including a vocational questionnaire which relates to his/her work history for the previous fifteen years. The completed forms are sent to the state Disability Determination Services office. The Social Security district or branch office also determines if the claimant has sufficient quarters of coverage under Social Security to qualify for benefits. It

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<sup>1</sup>U.S., 96th Congress, Public Law 96-265, Washington, D.C.

<sup>2</sup>Social Security Administration, Disability Evaluation Under Social Security (Washington, D.C.: Government Printing Office, 1979).

<sup>3</sup>This section based on statements by Harlan Watson, RESB/DDS Coordinator, personal interview, Des Moines, Iowa, August 18, 1981.

transmits this information to the DDS.

If the claimant has sufficient quarters of coverage, DDS gathers medical records and authorizes further medical examinations, until it can be determined if the claimant meets the legal definition of disability. Whether the person is eligible is a decision usually made in conjunction with a medical consultant. Whether the claimant is found eligible or ineligible, the DDS adjudicator must decide if the claimant has the capacity to benefit from referral to vocational rehabilitation.

If it is determined that the claimant can benefit from vocational rehabilitation referral, forms are prepared and sent to the SSDI-VR Coordinator in the vocational rehabilitation state office. The coordinator sends the referral information to the vocational rehabilitation office and counselor serving the geographical area in which the claimant lives.

These referrals, and the counselors who receive them, are the object of this study.

### Vocational Rehabilitation

Vocational rehabilitation services in the United States have been provided through a combined state-federal program since 1921.<sup>1</sup> Under the regulatory direction, and

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<sup>1</sup>C. Esco Oberman, A History of Vocational Rehabilitation in America (Minneapolis, MN: T. S. Denison and Company, 1965), pp. 225-228.

80 percent funding of the federal government, individual states hire staff and provide for services to vocationally disabled persons. While the states have some leeway, most of the regulations for eligibility and the services which must be available is specified by the federal government.

A person is eligible for vocational rehabilitation services if they have a medical, psychiatric, or mental retardation condition, which creates or results in significant vocational limitations, and the client can be expected to benefit from vocational rehabilitation services by being able to enter, or return to, employment after the services have been provided.<sup>1</sup> The ability to benefit from services is called feasibility.

The vocational rehabilitation counselor explains the eligibility requirements and agency services to the client during an initial interview. Personal data on the client is gathered and arrangements are made for medical examinations and/or the acquisition of medical records. Once the medical information is obtained, it is reviewed with a consulting physician. A decision is then made by the counselor regarding the client's eligibility for services.

Some clients do not keep their appointments. Some move and fail to notify the counselor. A few decide, after thinking about what the counselor has told them, that they

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<sup>1</sup>U.S., 93rd Congress, Rehabilitation Act of 1973, Public Law 93-112, Washington, D.C.

are not interested in receiving vocational rehabilitation services. Under any of these circumstances cases are closed without a decision on eligibility.

If the client is found eligible an individual plan is developed by the client and counselor detailing the services necessary to help the client reach a suitable vocational goal. Usually these services are a combination of counseling, training, medical restoration, related supplies and services, and placement. The client is considered rehabilitated when they have received services and been suitably employed on a job, compatible with their disability and limitations, for at least sixty days.<sup>1</sup>

One major difficulty in SSDI referrals is eligibility. Even though SSDI referrals are the third highest of vocational rehabilitation's thirty referral sources, only 31.8 percent are made eligible. This compares with an average for all referrals of 49.5 percent.<sup>2</sup> Although the acceptance rate has been rising some in recent years, it is still well below average. When one remembers the amount of medical information immediately available on these clients, it would appear that the rate should be considerably higher. We do

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<sup>1</sup>U.S., 93rd Congress, Public Law 93-112.

<sup>2</sup>Mario Barillas, "Vocational Rehabilitation Case Service Report" (Des Moines, Iowa: Iowa Rehabilitation Education and Services Branch, Iowa Department of Public Instruction, 1981). (Mimeographed.)



know that those found eligible have a good chance of being rehabilitated. SSDI referrals found eligible are rehabilitated at a 50.3 percent rate, compared with an average for all referrals of 55.1 percent.<sup>1</sup>

Only ninety-four (29 percent) of these cases are closed before eligibility because the client is not eligible, due to being too severely disabled to benefit from services, died, or was not substantially disabled.<sup>2</sup> The rest of the pre-eligibility (status 08) closures are for the reasons of: (1) moved or unable to locate; (2) refused services; (3) transferred to another agency; or (4) failure to cooperate.<sup>3</sup> Regardless of closure reason, a case which is closed in status 08 does not receive vocational rehabilitation services and become rehabilitated.

The only reason for providing vocational rehabilitation services to any client is to return him/her to employment. If there are other benefits, such as the removal of the person from SSDI benefits, that is a plus, but the program has a very favorable cost/benefit ratio even without this extra.<sup>4</sup>

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<sup>1</sup>Barillas, n.p.

<sup>2</sup>Barilias, n.p.

<sup>3</sup>Barilias, n.p.

<sup>4</sup>"The Economic Benefit of VR," pp. 6, 27.

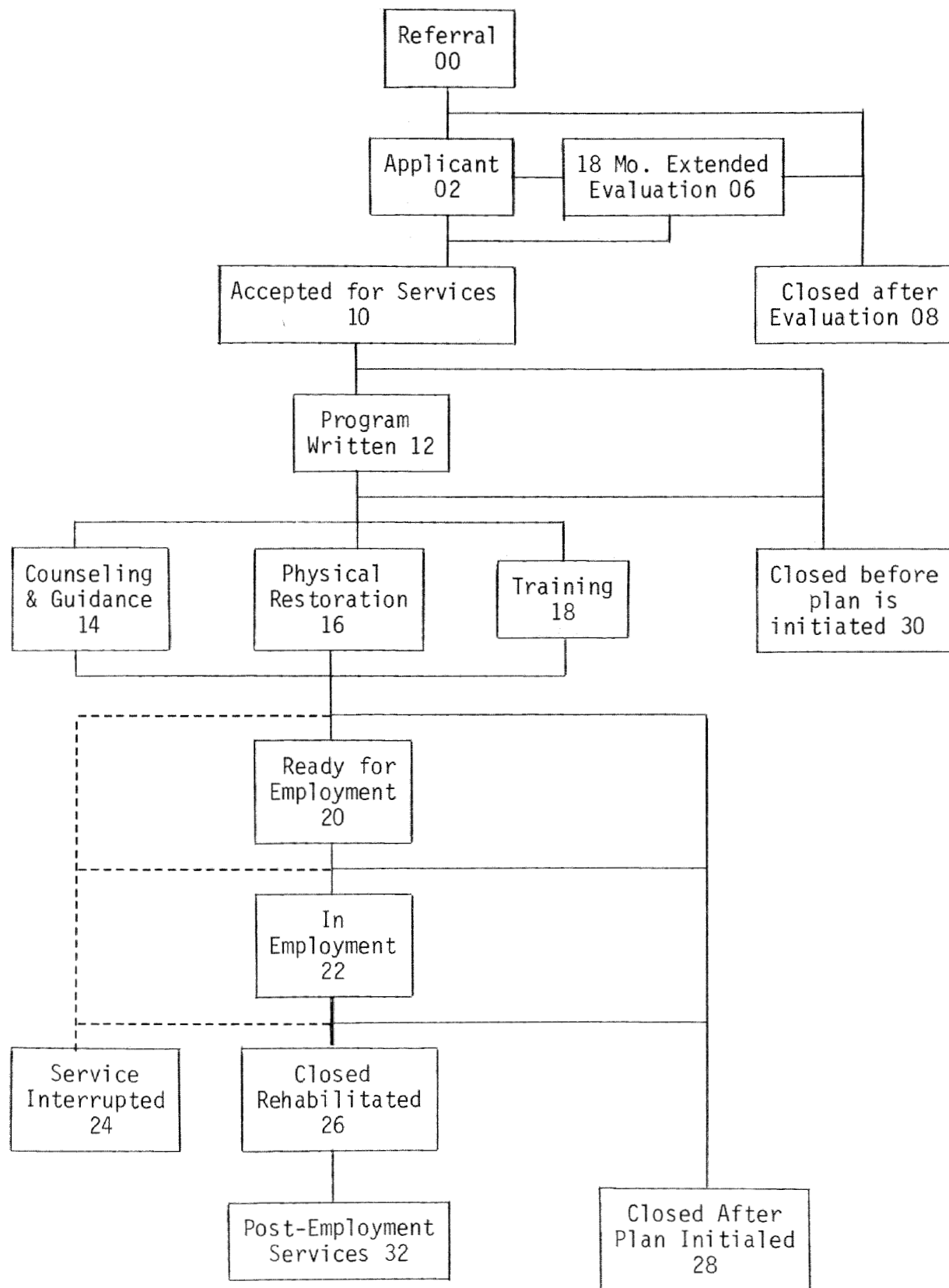
For statistical reporting, and as a shorthand reference system, vocational rehabilitation has developed a system of statuses. These are a series of two-digit, even numbers, beginning with 00 and ending with 32, with the exception of 04. Cases are placed in the status most representative of the current activity in the case. In this study we are particularly concerned about statuses 00, 02, 06, 08, and 10. Each is explained briefly below. See Figure 1 for a visual display of the statuses.

Every case referred to vocational rehabilitation is opened in status 00. When DDS determines that a case should be referred to vocational rehabilitation the information is sent to the appropriate field counselor and the case opened in status 00. It remains in this status until the person is seen by the counselor.

When the counselor sees the person, initial intake data is collected. On SSDI allowed cases, the counselor explains that the law requires that the beneficiary actively cooperate with vocational rehabilitation or face the possible loss of benefits. During the initial session the counselor explains the vocational rehabilitation agency and the services that are available.

If the person is interested in having the agency determine his/her eligibility for vocational rehabilitation services, he/she is asked to sign an application form. The case is then placed in status 02.

FIGURE 1. VOCATIONAL REHABILITATION STATUS SYSTEM



The case file remains in status 02 while information is gathered to determine if the client is eligible for services. This may include the purchasing of medical or psychological examinations for the client. It often includes sending a release of information to one or more doctors or hospitals with which the client has had contact in the past. It is also common to request transcripts from schools the client has attended.

The medical information generally provides sufficient data to establish whether a disability exists. Usually, it is also possible to tell from the medical and vocational data if the client has substantial vocational limitations which are caused by the disability. If it is determined that the client is not feasible for services, the case is closed in status 08.

If feasibility cannot be determined, the counselor may use Extended Evaluation, status 06, for up to eighteen months, to obtain data on which to make the feasibility decision. During Extended Evaluation, any services which are needed to determine the client's ability to benefit from services can be provided.

At the end of eighteen months, or as soon as a determination on feasibility can be made, the counselor must decide to accept the case, status 10, or close it, status 08. The statuses are simply a shorthand way of referring to the progress of the client through the rehabilitation process.

Statuses 08 and 10 are important decision points in the provision of vocational rehabilitation services. The majority of vocational rehabilitation services can only be provided after a person has been found eligible and placed in status 10, or above.

The other statuses, which do not figure directly in this study are: 12-planning; 14-counseling and guidance, leading to placement; 16-medical or psychiatric restoration; 18-training; 20-ready for employment; 22-in employment; 24-interrupted; 26-closed, rehabilitated; 28-closed, not rehabilitated, after plan initiated; 30-closed, not rehabilitated, before plan initiated; and 32-post-employment services.<sup>1</sup>

### Problem

The question is whether counselors can be influenced in their actions toward clients by a written indication of that person's potential for rehabilitation received with the referral. The immediate object of this study was to find out if vocational rehabilitation counselors would treat referrals received with a written indication of high rehabilitation potential differently than clients with an indication of medium or low rehabilitation potential. The study's

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<sup>1</sup>Iowa Rehabilitation Education and Services, Procedural Handbook (Des Moines, Iowa: Iowa Rehabilitation Education and Services Branch, Iowa Department of Public Instruction, 1979), pp. III-1 - III-6.

only concern was with the movement of client case files to either eligibility, status 10, or closure before acceptance, status 08. This study is not currently concerned with any effect that the expectancy conditions may have on the rehabilitation rate.

Stated as a null hypothesis, this study proposes that there will be no significant difference, at the .05 level, in whether counselors make Social Security cases eligible or close them before eligibility, when judged against a rehabilitation potential rating of "high," "medium," or "low," randomly assigned to the referral.

This study was suggested by the Coordinator of Planning and Program Evaluation of the Rehabilitation, Education and Services Branch (RESB) of the Iowa Department of Public Instruction. It was suggested and designed because of an ongoing lack of success in the rehabilitation of referrals from the Social Security Disability program. The biggest problem seems to be the movement of cases from referral to eligibility. The rehabilitation agency has, despite many attempts to explain or ameliorate the problem, been unable to explain or influence counselor success with these referrals.

Referrals to vocational rehabilitation from DDS have ranged from 3,065 in 1975 to 957 in 1980. The absolute numbers are smaller, as are the percentage of DDS referrals to the total referrals to vocational rehabilitation. In

1975 DDS referrals amounted to 25.7 percent of all referrals. In 1980 it was only 10.3 percent.<sup>1</sup> The percentage of these referrals that move to eligibility, status 10, is still considerably below the average for all referrals to vocational rehabilitation. The overall average acceptance rate, as previously stated, is 49.5 percent. DDS referrals, however, have an acceptance rate of only 31.8 percent.<sup>2</sup>

Once cases are accepted, status 10, the rehabilitation rate average for all referrals is 55.1 percent and for DDS referrals 50.3 percent.<sup>3</sup> The rehabilitation rate is the number of cases closed after status 10 divided into those closed status 26.<sup>4</sup>

There are two major participants in the rehabilitation process, when carried out through the state Vocational Rehabilitation agency. The two participants are the client and the counselor. Since the number of counselors is limited, presently approximately 115, and their knowledge of vocational rehabilitation and the procedures is fairly uniform, it was decided that this would be the easiest of the two groups to study. Clients provide a very diverse

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<sup>1</sup>Barillas, n.p.

<sup>2</sup>Barillas, n.p.

<sup>3</sup>Childers, n.p.

<sup>4</sup>Iowa Rehabilitation Education and Services,  
p. II-N-3.

group, whose knowledge of vocational rehabilitation is unknown and for this study not easily testable.

Increasing the acceptance rate might result in an equal or greater rise in the rate of cases closed not rehabilitated, after eligibility has been determined, statuses 28 and 30. This could result in a reduced number of status 26 closures. That problem, however, is beyond the scope or interest of this study.

The focus of this study is the attitude of the vocational rehabilitation counselor toward cases referred from DDS. More specifically, can the way the counselor looks at and acts toward these referrals be effected by a written indication to the counselor that a third party, Social Security, has determined the rehabilitation potential of that referral to be at a certain level.

There is a presumption on the part of some agency staff that the differential acceptance rates with referrals from different referral sources is largely due to the feelings of counselors about those different referral sources. Because of the differences in referrals from the different sources it would be hard to test that belief.

Some referral sources are more atuned than others to the kinds of referrals most appreciated by the vocational rehabilitation counselor. This knowledge may have developed out of experience or through contact with the counselor. When the counselor works closely with the referral source



many cases may be screened out and never enter the formal vocational rehabilitation system. In a few settings, such as prisons and hospital-schools for the mentally retarded, a resident counselor may be shared, time and salary, by the institution and the vocational rehabilitation agency. In these situations the counselor makes referrals in his/her institutional role and accepts the referrals in his/her role as an employee of the vocational rehabilitation agency. One can get very good referrals when one refers to oneself.

The vocational rehabilitation counselor with a general caseload is technically required to open a case file on every case where the name and address, referral source, age, sex, and reported disability are known. In many situations the cases are discussed at length and only those that the referral source and counselor agree on are formally referred. The letter of the law is technically met.

For a long time all SSDI and SSI cases judged able to benefit from the services of RESB, by the DDS adjudicator, were sent to the VR field counselor with a requirement that they be opened.

The VR-DDS coordinator decided to try to improve this system. Thirteen counselors were selected from key geographical locations throughout the state. After intensive training they were assigned caseloads made up totally of DDS referrals. After three years it was determined that the cost was not justified by the results. Several of the

original thirteen had left the agency for other jobs or been promoted. Those remaining were assigned regular case-loads and DDS referrals were again sent to all counselors.

Instead of sending all DDS referrals to the field and requiring assignment, the VR/DDS coordinator began reviewing and screening the referrals. This took considerable time and was not very productive. Since the beginning of 1981 all allowed DDS referrals have been referred first to the appropriate regional manager to determine if they should be sent out. All persons denied benefits, that the DDS adjudicators feel could benefit from services, are sent directly, but the counselor may decide that it is not necessary or useful to open a case file on some of these referrals. Reporting on cases not opened is not required.<sup>1</sup>

The change in referral requirements is probably responsible for the drop in the number of referrals recorded from DDS from 3,065 in 1975 to 957 in 1980.<sup>2</sup> This has not had a dramatic effect on the rehabilitation rate, which was 47.2 percent in 1975 and 50.3 percent in 1980.<sup>3</sup> None of the attempts to raise the eligibility rate and rehabilitation

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<sup>1</sup>The history of the referral system between vocational rehabilitation and DDS in Iowa was based on statements by Harlan Watson, RESB/DDS Coordinator, personal interview, Des Moines, Iowa, August 18, 1981.

<sup>2</sup>Barillas, n.p.

<sup>3</sup>Barillas, n.p.

rate of these referrals has shown much success.

Little research has been done about referrals from individual referral sources. Almost all referral sources refer persons with a wide variety of disabling conditions. The major exceptions to the across-the-board referral situation are mental health institutions and clinics. Almost all referrals from these settings are in the psychiatric areas.<sup>1</sup>

Since referral sources refer persons with a variety of disabling conditions, it is hard to conceptualize the similarities between the referrals of persons with a variety of disabling conditions, just because the names come from the same type of referral source. Counselors are encouraged to think of clients as individuals, not as part of a group of referrals from a particular referral source or a group with a particular disabling condition.

One of the major activities the counselor carries out with the client is the development and execution of the Individual Written Rehabilitation Program (IWRP). Limitations that effect the client's vocational abilities are directly related to that client's disabling condition and must be overcome in the plan. Because these must be dealt with on a regular basis, counselors find it easy to think

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<sup>1</sup>Barillas, n.p.

about disability groups as having common characteristics which unite their thinking about individual clients, that have that particular disability. There is no similar reason, in most instances, for the counselor to identify groups by referral source.

It is generally assumed that counselors provide equal access to vocational rehabilitation services to all clients, regardless of the type of disability or source of referral. The low acceptance rate for SSDI referrals calls this assumption into question.

#### Definitions

There are several words and phrases in this document which need to be defined. These definitions are used by vocational rehabilitation in the provision of client services and in compliance with its legal responsibilities. The definitions meet the requirements set forth in the Rehabilitation Act of 1973, as amended.<sup>1</sup>

Eligibility. A person is eligible for vocational rehabilitation services if he/she has a disability which results in vocational limitations and the person can be expected to benefit, in terms of employability, from the services vocational rehabilitation has available.

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<sup>1</sup>U.S., 95th Congress, Rehabilitation Act, Amendments of 1978, Public Law 95-602, Washington, D.C.

Disability. A definable medical condition reflecting a physical or mental condition which is at variance with that which is considered normal. Not all conditions meeting this definition of disability have vocational or functional limitations sufficient to qualify for vocational rehabilitation services.

Handicap. A restriction in activity, particularly that related to working, which keeps a person from engaging in a normal range of activities, or allows them to be involved only with the use of assistive devices. A disadvantage that makes achievement unusually difficult.

Referral. Technically a person is considered to have been referred to vocational rehabilitation when the person directly requests help from vocational rehabilitation, or some other person or agency has supplied vocational rehabilitation with the person's name and address, age, sex, reported disability, and the name of the referral source is known. In the case file reporting system this is called status 00.

Vocational Limitations. A restriction or reduction in the client's ability to perform a job or job-related duties as a result of one or more medically defined disabling conditions. The jobs or job-related activities which, because of a disabling condition, a person is unable to do.

Functional Limitations. The specific activities a

person can not do as a result of the disability and handicapping condition(s). Examples would include lifting over 10 pounds, working under stress or lifting of the arms over the head.

Severely Disabled (SD). A designation prescribed in the 1973 law, for persons with certain disabling conditions. These conditions, and other comparable ones, are designated by the counselor as expected to require multiple rehabilitation services over an extended period of time. All allowed SSDI and SSI cases are automatically considered to meet this designation.

Feasibility. The ability to benefit. This is used in eligibility to indicate that the client can benefit from the services that vocational rehabilitation has to offer. It is used in relation to a particular vocational goal to indicate that the client's limitations will not create problems if the client enters employment in a particular field.

Assistive Devices. These are items. such as hearing aides, braces, artificial limbs, and wheelchairs, which make it possible for the client to perform activities in spite of a disabling condition and related limitations. These are most commonly available for conditions which result in limitations of mobility and communications.

Acceptance Rate. The number of referrals found eligible, status 10, compared to the total number of

referrals processed, status 10 and 08. It is expressed as a percentage. Sometimes it is referred to as the eligibility rate.

Rehabilitation Rate. The number of rehabilitation closures, status 26, in a period, compared to the total number of post-eligibility closures, statuses 26, 28 and 30, during that period. It is expressed as a percentage.

### Hypothesis

It was expected that the higher the rating, the better the chance would be that a client would be made eligible for services. However, the null hypothesis was tested in this study. The hypothesis is that there will be no difference in the proportion of cases, which were randomly assigned to the high (1), medium (2), or low (3) rehabilitation potential group, which are found eligible for vocational rehabilitation services. The statistic to be used is the Chi square. The difference was to be considered significant only if it reached the .05 level.

### Assumptions

Certain assumptions have been made for the benefit of this study. It is recognized that these assumptions may not be true in rehabilitation practice. For the purposes of this study the truth or falsity of these assumptions is not a major drawback. Nor do they effect the understanding and interpretation of the hypothesis stated above.

This section is included for the benefit of interpreting the study for use in the practice and administration of vocational rehabilitation programs. I believe this to be especially important since the study was done based on an agency idea and with the cooperation and data of the Iowa Vocational Rehabilitation program.

The four major assumptions made for this study are:

1. For purposes of improving services by influencing expectations it is as good to influence the vocational rehabilitation counselor's expectations of clients, as to influence clients expectations of rehabilitation. This study was done by trying to influence counselor perceptions of clients potential for rehabilitation. This method was chosen because it is much easier to control the referral process, and to check the outcome data. This method limits the number of extraneous variables that need to be considered. The agency has some control of the counselor, but none of the client. However, it was assumed that all else being equal, influencing either the client or the counselor results in the same outcome. This would be a good place for further study.

2. The second assumption is that counselors are already negatively influenced on these cases, just because they are referred by Social Security. This is the professional side of what we see in clients, who point to the fact that they are receiving Social Security and therefore,



obviously, can not work. Both the client and counselor have negative expectations to start with. This may be at least a partial explanation of the current poor showing of vocational rehabilitation success with DDS referrals. The effect of these expectations and the degree to which they are an influence are not determinable at the present time. This study has been greatly restricted in scope in order that these influences not effect the outcome.

3. It is assumed that if the eligibility rate is influenced positively by the expectancy given to counselors about the clients, the rehabilitation rate will not be negatively influenced. If the rehabilitation rate dropped when the eligibility rate was raised, there would be no benefit to the expectancy, since case costs are mostly incurred after eligibility. This is another area that deserves further study by the agency.

4. Any study which involves humans must consider the ethical ramifications of the actions taken. In this study the ethical considerations are compounded by the fact that two persons are involved in a relationship which is based in part on a deception, which is known to neither of them.

The random rating of clients on the dimension of Rehabilitation Potential is a lie to the counselor. The study is designed to see how counselors react to these lies.

Is it ever right to lie? Bok says that the social

science researchers should ask themselves what the alternatives to lying are in the study being done.<sup>1</sup> She suggests that there are almost always alternatives to lying. While this may be true in many research situations, no alternatives to accomplish the present study without lying, using techniques acceptable for this dissertation, could be developed.

At a more abstract level Bok says, "The greatest harm from deceptive experimentation may be that to the investigators themselves, to the students trained in their professions, and to the professions as such."<sup>2</sup>

It was assumed from this study that the chance of influencing and improving the success of vocational rehabilitation counselors with DDS referrals was worth the possible problems that might result from lying to the vocational rehabilitation counselors.

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<sup>1</sup>Sissela Bok, Lying: Moral Choice in Public and Private Life (New York: Vintage Books, 1979), p. 198.

<sup>2</sup>Bok, p. 205.

## Chapter 2

### REVIEW OF THE LITERATURE

This study is designed to test the concept of the self-fulfilling prophecy, sometimes referred to as expectancy or Pygmalion effect research. Although this phenomenon has been known or suspected for centuries, Robert Merton is generally recognized as the modern-day father of the self-fulfilling prophecy.

Merton, a sociologist, looked at past behaviors to demonstrate that the self-fulfilling prophecy was in effect. He defined the concept in this way, "The self-fulfilling prophecy is, in the beginning a false definition of the situation evoking a new behavior which makes the originally false conception come true."<sup>1</sup> In this seminal article he also contended that people respond not only to the objective features of a situation, but also, and at times primarily, to the meaning the situation has for them.<sup>2</sup>

For Merton, the self-fulfilling prophecy was evident in the affairs of men. More emphasis has been placed on

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<sup>1</sup>Robert Merton, "The Self-Fulfilling Prophecy," Antioch Review, VIII (1948), 195.

<sup>2</sup>Merton, p. 194.

using the experimental method to test the concept of the self-fulfilling prophecy in the years since Merton's early writings.

One of the most interesting parts of researching the literature on self-fulfilling prophecy was the diversity of areas in which research has been done using this concept. These range from army discipline<sup>1</sup> to the teaching of Haiku poetry.<sup>2</sup> The vast majority of the published research that was located was in the area of education.

If Robert Merton is to be considered the modern father of the concept of self-fulfilling prophecy, its chief scientist would have to be Robert Rosenthal. Rosenthal made a major contribution to the literature in 1968 when he and Lenore Jacobson published their findings on influencing teacher expectations in Pygmalion in the Classroom: Teacher Expectation and Pupils' Intellectual Development.<sup>3</sup>

After a review of the long history of the

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<sup>1</sup>D. B. Bell et al., "Predictions and Self-Fulfilling Prophecies of Army Discipline" (paper presented at the 81st Annual Meeting of the American Psychological Association, Montreal, Canada, 1973).

<sup>2</sup>Henry I. Christ, "Self-Fulfilling Prophecy and the Haiku," English Journal, LIX, No. 8 (1969), 1189-91.

<sup>3</sup>Robert Rosenthal and Lenore Jacobson, Pygmalion in the Classroom: Teacher Expectation and Pupils' Intellectual Development (New York: Holt, Rinehart and Winston, 1968).

self-fulfilling prophecy, Rosenthal speculates that man's desire for stability, consistency, order and predictability may partially explain why it functions.<sup>1</sup> The book reports on an experiment conducted to determine if teacher behavior toward students could be influenced by someone else's, in this case the experimenter's, statements. They also wanted to know if this differential treatment would influence the later performance of the students.<sup>2</sup> Rosenthal and Jacobson had teachers test a group of students with the Tests of General Ability, at the beginning of the school year. The teachers were told that certain students, who had actually been picked at random, were "about to bloom," based on the test data. The students assigned to the experimental, "ready to bloom," group not only did better in class, they also achieved higher IQ scores on a subsequent administration of the Tests of General Ability.<sup>3</sup>

The experimenters were not surprised that the group identified as "about ready to bloom" did better than the control group, but they did not expect the rise in IQ scores

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<sup>1</sup>Rosenthal and Jacobson, Pygmalion in the Classroom, p. 10.

<sup>2</sup>Robert Rosenthal and Lenore Jacobson, "Teachers' Expectancies: Determinants of Pupils' I.Q. Gains," Psychological Reports, XIX (1966), 115-118.

<sup>3</sup>Rosenthal and Jacobson, Pygmalion in the Classroom, pp. 122-125.

that took place among this group.<sup>1</sup>

Reviews of the Rosenthal and Jacobson book were mixed. The book brought the concept of Pygmalion effect to public view and created much public concern about the effects of teacher behavior on students. In the professional ranks there was a lot of criticism leveled at the study. R. L. Thorndike said that the whole study was bad.<sup>2</sup> He particularly took exception to Rosenthal's use of the Tests of General Ability (TOGA). He said the data was useless and untrustworthy.<sup>3</sup> This contributed to Thorndike's conclusion that the Rosenthal/Jacobson study had used poor procedures and reached unwarranted conclusions.<sup>4</sup>

Jensen also thought that the statistics and procedures had been poorly done.<sup>5</sup> He contended that the actual difference in the experimental and control groups might be negligible because of errors in the use of the test. Jensen cites two errors which he considers major: (1) the same form of the test was used in both pre- and post-experiment

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<sup>1</sup>Rosenthal and Jacobson, Pygmalion in the Classroom, p. 107.

<sup>2</sup>R. L. Thorndike, "Review of 'Pygmalion in the Classroom,'" American Educational Research Journal, V (1968), 710.

<sup>3</sup>Thorndike, p. 710.

<sup>4</sup>Thorndike, p. 708.

<sup>5</sup>A. R. Jensen, "Review of 'Pygmalion in the Classroom,'" American Scientist, LI (1969), 45A.

administrations, and (2) the tests were administered by the teachers who were also a part of the experiment.<sup>1</sup>

In 1971, Elashoff and Snow reexamined Pygmalion in the Classroom in detail.<sup>2</sup> They found many of the problems mentioned by Thorndike and Jensen in earlier reviews. As a research report, they found Rosenthal/Jacobson to be inadequate. They found design and sampling, as well as measurement problems. Elashoff and Snow even criticized the charts and data, as not being presented in a suitable scientific fashion.

The Gumperts criticized Rosenthal for using individual students as the unit of analysis.<sup>3</sup> They felt that the classroom was the proper unit and analyzed this way no statistical significance was shown. They also said that talk of IQ gains was inappropriate since there were few norms available for younger children on the Tests of General Ability.<sup>4</sup>

Rosenthal said that his professional critics made as

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<sup>1</sup>Jensen, p. 45A.

<sup>2</sup>Janet D. Elashoff and Richard E. Snow, Pygmalion Reconsidered (Worthington, Ohio: Charles A. Jones Publishing Company, 1971).

<sup>3</sup>Peter Gumpert and Carol Gumpert, "The Teacher as Pygmalion: Comments on the Psychology of Expectation," The Urban Review, September, 1968, p. 22.

<sup>4</sup>Gumpert and Gumpert, p. 22.

many errors in their criticisms as they felt he had made in the original study. He seemed particularly upset by Jensen's criticisms. Why would it make a difference, he asked, if the same test form was used pre- and post-experiment, or if it was administered by the teacher? All the children were tested together and there was no reason to believe that the experimental group would test differently than the control group.<sup>1</sup> He cited several studies which supported the fact that the self-fulfilling prophecy does occur.<sup>2</sup> Rosenthal cited one study where self-fulfilling prophecy had even been found to work on "smart" rats and "stupid" rats, with predictable outcomes.<sup>3</sup>

Perhaps the most important thing about Rosenthal's 1973 article is not his defense of his previous work, but that it includes some beginnings of an attempt to explain why self-fulfilling prophecy works. In the original study he said that most teacher cues are unintentional and very subtle.<sup>4</sup> What actually took place between the student expected to do well and the teacher was unknown. Rosenthal

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<sup>1</sup>Robert Rosenthal, "The Pygmalion Effect Lives," Psychology Today, September, 1973, p. 57.

<sup>2</sup>Rosenthal, "The Pygmalion Effect Lives," pp. 60-61.

<sup>3</sup>Rosenthal, "The Pygmalion Effect Lives," p. 58.

<sup>4</sup>Rosenthal and Jacobson, Pygmalion in the Classroom, p. 28.



suggested that four factors were involved: (1) students expected to do well are given more feedback by the teacher; (2) teachers display a warmer mood to "good" students and this is supportive of and conducive to learning; (3) teachers teach more material and more difficult material to these students; and (4) the identified students are given more time to respond than others would be.<sup>1</sup>

When one examines closely the publications cited above, it becomes clear that most experimenters recognize the self-fulfilling prophecy as real. The differences in opinion tend to center around the conditions necessary for the manifestation of the self-fulfilling prophecy and the design necessary to scientifically demonstrate it.

Whether one accepts the Rosenthal/Jacobson study as adequate or not, it is hard to refute the fact that this study stimulated a flurry of activity in the study of the self-fulfilling prophecy. Prior to 1968 a few studies had been published, but the vast majority of the literature came after 1968.

#### Pre-1968

As early as 1929, self-fulfilling prophecy was being looked at as a possible influence on persons being interviewed in a sociological study. Rice speculated that

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<sup>1</sup>Rosenthal, "The Pygmalion Effect Lives," p. 56.

interviewers got the answers which fit their prejudices.<sup>1</sup>

Holt studied college students' expectations about a class grade. He asked them to record either, the grade they expected to receive in that class or their goal for that class. There was a high correlation between aspiration, as recorded in expected or goal grade, and later performance, as reflected in actual grade received.<sup>2</sup> However, all correlation could be accounted for by ability, as evidenced by past performance. Several interpretations of this data are possible. Do people have expectations because of past performance, which is reinforced by again receiving expected grades, or can performance actually be equated to ability?

Another aspect of the self-fulfilling prophecy is that people can be led, through the use of expectancy, to have predictable feelings about others. In an experiment with third-year college men, half were told that a substitute instructor would be "very warm," the other half were told that the substitute would be "rather cold." Students with "warm" expectations saw the substitute as more considerate of others, less formal, more sociable, more popular, more

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<sup>1</sup>S. A. Rice, "Contagious Bias in the Interview: A Methodological Note," American Journal of Sociology, XXXV (1929), 423.

<sup>2</sup>R. R. Holt, "Level of Aspiration: Ambition or Defense?" Journal of Experimental Psychology, XXXVI (1946), 407.

humorous, more human, and more mature than did the other students. "Warm" students also participated more in class than did students with "cold" expectations.<sup>1</sup>

An example of a non-research application of expectancy can be found in Gordon Allport's chapter, "The Role of Expectancy" in Tensions That Cause Wars.<sup>2</sup> He said that people deplore war, but they expect it to continue and behave in line with those expectations, not their stated desires.<sup>3</sup> He also said that the greatest menace in the world are leaders who think that war is inevitable.<sup>4</sup>

Several studies on the effect of expectation in counseling and psychotherapy were done during this time period. Rosenthal and Frank pointed out that all forms of psychotherapy yielded successful results with some patients.<sup>5</sup> They ascribed this to a placebo effect. They point out that improvement in a patient's condition during therapy doesn't

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<sup>1</sup>H. H. Kelley, "The Effects of Expectations Upon First Impressions of Persons," American Psychologist, IV (1949), 252.

<sup>2</sup>G. W. Allport, "The Role of Expectancy," Tensions That Cause Wars, ed. H. Cantril (Urbana, Ill.: University of Illinois, 1950), pp. 43-78.

<sup>3</sup>Allport, Tensions That Cause Wars, ed. H. Cantril, p. 43.

<sup>4</sup>Allport, Tensions That Cause Wars, ed. H. Cantril, p. 71.

<sup>5</sup>D. Rosenthal and J. D. Frank, "Psychotherapy and the Placebo Effect," Psychological Bulletin, LIII (1956), 294.

necessarily mean that the theory upon which the treatment is based is correct.<sup>1</sup> In a later book, Frank said that many things, including the theory, religion, and expectation, all play a part.<sup>2</sup> Bednar says that Frank's position is that counseling success is a function of the counselor's ability, through persuasion to arouse client expectations for improvement.<sup>3</sup>

The expectations of the therapist, not the patient, were found to be important by Goldstein.<sup>4</sup> Duration of the therapy seemed to be the only thing significantly related to both client and therapist expectations. Clients and therapists who expect improvement are willing to stick with therapy sessions longer.<sup>5</sup>

A specific type of therapy, client-centered, was studied by Lipkin.<sup>6</sup> Lipkin found that the data strongly

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<sup>1</sup>Rosenthal and Frank, p. 300.

<sup>2</sup>J. D. Frank, Persuasion and Healing (Baltimore: The Johns Hopkins Press, 1961).

<sup>3</sup>Richard L. Bednar, "Persuasibility and the Power of Belief," Personnel and Guidance Journal, XLVIII, No. 8 (1970), 651.

<sup>4</sup>A. P. Goldstein, "Therapist and Client Expectation of Personality Change in Psychotherapy," Journal of Counseling Psychology, VII (1960), 183.

<sup>5</sup>Goldstein, p. 183.

<sup>6</sup>S. Lipkin, "Client's Feelings and Attitudes in Relation to the Outcome of Client-Centered Therapy," Psychological Monographs, LXVIII, No. 372 (1954).

suggested that clients who undergo the most change are those most positively oriented to the counselor and the counseling experience, believe the experience will be gratifying, and anticipate that the counseling experience will be successful.<sup>1</sup>

Only one article was found in this time period that rejected the role of the placebo effect in psychotherapy. However, no research is cited in that article. The only evidence they allege is "clinical" experience.<sup>2</sup>

Pygmalion in the Classroom was not Rosenthal's first work in the area of self-fulfilling prophecy. As early as 1963, Rosenthal was trying to explain how experimenter bias can effect the outcome of an experiment.<sup>3</sup> Two key ideas emerge from these articles: (1) the experimenter may influence the subject without knowing it;<sup>4</sup> and (2) verbal cues

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<sup>1</sup>Lipkin, p. 26.

<sup>2</sup>D. S. Cartwright and Rosalind D. Cartwright, "Faith and Improvement in Psychotherapy," Journal of Counseling-Psychology, V (1958), 176.

<sup>3</sup>Robert Rosenthal, "On the Social Psychology of the Psychological Experiment: The Experimenter's Hypothesis as Unintended Determinant of Experimental Results," American Scientist, LI (June, 1963), 280; Robert Rosenthal and Kermit Fode, "Three Experiments in Experimenter Bias," Psychological Reports, XII (1963), 491.

<sup>4</sup>Rosenthal, "On the Social Psychology of the Psychological Experiment," p. 282.

are enough to influence, but visual ones add to the effect.<sup>1</sup>

Prior to the publication of Rosenthal and Jacobson's 1968 book there had been some research, and a lot of speculation, about these concepts. Little in the way of controlled experiments had been done prior to 1968 to scientifically test the concept.

#### Post-1968

The publication of Pygmalion in the Classroom seemed to open the door to scientific and controlled experiments in the area of self-fulfilling prophecy. The book again raised the question of whether the phenomenon of the self-fulfilling prophecy actually exists.

Numerous studies since 1968 question the concept of the self-fulfilling prophecy, or at least question its pervasiveness. Few go as far as Wilkins, to argue that the basic concept of a self-fulfilling cannot be supported by the studies which have been done.<sup>2</sup> Some researchers do find the theoretical base ambiguous.<sup>3</sup>

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<sup>1</sup>Rosenthal and Fode, "Three Experiments in Experimenter Bias," p. 503.

<sup>2</sup>Wallace Wilkins, "Self-Fulfilling Prophecy: Is There a Phenomenon to Explain?" Psychological Bulletin, LXXXIV (January, 1977), 56.

<sup>3</sup>William E. Wilkins, "The Concept of a Self-Fulfilling Prophecy," Sociology of Education, XLIX (April, 1976), 175.

Some people argue that a lot of the research in self-fulfilling prophecy is true only by definition. Any person or group that is not doing as well as it would like can argue that this is just a manifestation of the expectations that others have of them.<sup>1</sup> To these writers, self-fulfilling prophecy is less a theoretical concept than an explanation for inferior ability or performance.

Several studies which reportedly tried to replicate Rosenthal were located. One study introduced the expectancy one month into the second semester of the school year and retested two months later.<sup>2</sup> No differences were found between the experimental and control groups. The fact that the expectancies were introduced at a point where teachers would already have developed expectations for the individual students, and the short time period during which the expectancies were to work, both compromise the replicative nature of the study.

A second study claimed to be attempting to investigate the relationship between teacher behavior and pupil performance.<sup>3</sup> These second grade teachers identified "good"

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<sup>1</sup>Wilkins, "The Concept of a Self-Fulfilling Prophecy," p. 182.

<sup>2</sup>W. L. Claiborn, "Expectancy Effects in the Classroom: A Failure to Replicate," Journal of Educational Psychology, LX (1969), 381.

<sup>3</sup>Judith L. Alpert, "Teacher Behavior and Pupil Performance: Reconsideration of the Mediation of Pygmalion Effects," Journal of Educational Research, LXIX (October, 1975), 53.

reading behaviors and for eleven weeks tried to practice these behaviors with their bottom reading group pupils. The four behaviors which were identified as "good" were: (1) more reading group time; (2) more time in the "best" reading group; (3) a larger variety of material to read; and (4) reading groups with fewer pupils.<sup>1</sup> The teachers kept a log of their behaviors and increased all four of the "good" behaviors for the bottom reading group pupils. This did not result in a significant difference in the reading performance of this group of pupils.<sup>2</sup>

There are several problems with this study which make it difficult to equate with Rosenthal/Jacobson. The teachers identified the "good" reading behaviors. These cannot be equated with behaviors which can be shown to produce good readers. The log of teacher behaviors may be accurate, but with no outside observation and confirmation, this cannot be assumed. Finally, the teachers were working with students they had already identified as the bottom reading group. Perhaps the outcome shows that the teachers were fulfilling their former prophecies that these students were poor readers, due to no fault of the teacher.

Neither of these studies really replicates the

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<sup>1</sup>Alpert, "Teacher Behavior and Pupil Performance," p. 54.

<sup>2</sup>Alpert, "Teacher Behavior and Pupil Performance," p. 56.



Rosenthal/Jacobson study. When we come to consider the studies supportive of the self-fulfilling prophecy, we will find that there the same holds true.

A study with thirty low ability kindergarteners (IQ 71-89) was done to determine if biased information given by the experimenter would influence the children's learning performance and be maintained over a number of days. Thirty kindergarten students were tutored by thirty undergraduate females who had been given phony psychological reports on the children. Following three ten-minute tutoring sessions, the study failed to establish bias on the part of the tutors.<sup>1</sup>

Dietz and Parkey asked teachers to predict the grade point average (GPA) of students unknown to the teachers, based on a summary paragraph about each of 147 students.<sup>2</sup> In some of the paragraphs the student was referred to as "boy," in others as "Negro Boy." No significant difference was found in estimated GPAs.

In a very poorly designed study, Haberman tried to influence teacher's views of their new student teachers,

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<sup>1</sup>Stephen Schain, "Learning of Low Ability Children and Tutor Behavior as a Function of the Self-Fulfilling Prophecy" (Ph.D. dissertation, University of Illinois at Urbana-Champaign, 1972), p. 115.

<sup>2</sup>S. M. Dietz and W. W. Parkey, "Teacher Expectations of Performance Based on Race of Student," Psychological Reports, XXIV (1969), 694.

without results.<sup>1</sup> Watkins tried to determine if student expectations could effect teacher behaviors.<sup>2</sup> In that study student expectations did not seem to influence teacher behaviors.<sup>3</sup>

Not all studies either absolutely confirm or totally refute self-fulfilling prophecy. In a study of students and teachers in math and English classes, the self-fulfilling prophecy was supported, if either the teacher or students held the expectation.<sup>4</sup> However, if both groups had an expectation, there was no improvement. No explanation of this outcome is attempted.

A positive expectancy of a tutorial session which met twice a week for thirty minutes each time for twelve weeks was given to a group of teachers only, students only, or a combined group. The students were forty-five five and six year old black children who had a "D" on the Metropolitan

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<sup>1</sup>Martin Haberman, "The Relationship of Bogus Expectations to Success in Student Teaching (or Pygmalion's Illegitimate Son)," Journal of Teacher Education, XXI, No. 1 (1970), 70.

<sup>2</sup>J. Foster Watkins, "The Pygmalion Effect: The Reverse Side of the Coin," Intellect, CI, No. 2344 (1972), 105.

<sup>3</sup>Watkins, "The Pygmalion Effect," p. 106.

<sup>4</sup>Mark P. Zanna et al., "Pygmalion and Galatea: The Interactive Effect of Teacher and Expectancies," Journal of Experimental Social Psychology, XI (May, 1975), 286.

Reading Readiness Test.<sup>1</sup> The best improvement came in raising the expectancy of pupils only, although there was also a big improvement in the teacher only groups.<sup>2</sup>

Self-fulfilling prophecy does not always have positive outcomes. In a study reported at the 81st Annual Convention of the American Psychological Association, Army discipline risks had been identified, in hopes of reducing problems and preventing these persons from having difficulty in the service. The opposite outcomes resulted. Identified risks had more problems than they would have been expected to, possibly because they had been identified.<sup>3</sup>

In many of the studies on self-fulfilling prophecy the expectancy was dispensed by an authority figure (such as a counselor or university professor). It is sometimes thought that this is a necessary part of expectancy research design and that without it the self-fulfilling prophecy will not work. The RESB Coordinator of Program Planning and Evaluation, who initially proposed this study, felt the

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<sup>1</sup>Margaret M. Rappaport and Herbert Rappaport, "The Other Half of the Expectancy Equation: Pygmalion," Journal of Educational Psychology, LXVII (August, 1975), 533.

<sup>2</sup>Rappaport and Rappaport, p. 535.

<sup>3</sup>Bell et al., n.p.

research upon which the rehabilitation potential ratings were to be attributed should be attributed to a well-known authority in the field of vocational rehabilitation.<sup>1</sup> It is not necessary, however, that expectations come from an authority.<sup>2</sup> Korman reports five studies which support the proposition that high expectancies of competency of the subject by others regardless of who they are, are positively related to subject performance.<sup>3</sup> The article also points out that we use the expectations of others constantly, even if they are not authorities, to define ourselves.<sup>4</sup>

In a very interesting and disturbing study that followed a group of urban black students from beginning of kindergarten through second grade, it was found that teachers establish their own expectations, which are clear to others, but are apparently not based on anyone else's expectations.<sup>5</sup> Observers in this study could see very quickly that the

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<sup>1</sup>Barillas, n.p.

<sup>2</sup>A. K. Korman, "Expectancies as Determinants of Performance," Journal of Applied Psychology, LV, No. 3 (1971), 219.

<sup>3</sup>Korman, p. 218.

<sup>4</sup>Korman, p. 220.

<sup>5</sup>Ray C. Rist, "The Self-Fulfilling Prophecy in Ghetto Education," Human Intelligence, ed. J. M. Hunt (New Brunswick, New Jersey: Transaction Books, 1972).

teachers had certain differential expectations of the students, almost from the first day. From the time seats were assigned, the students at the different tables were treated like they actually were different.<sup>1</sup> Students at Table 1 knew without being told that they were the teacher's favorites.<sup>2</sup>

Ascribed level of the students did not change in first grade.<sup>3</sup> By second grade position in class was based on achievement, which had been molded by teacher behavior.<sup>4</sup> Table 1 students achieved more because they had received more attention. Rist said this was because Table 1 students more closely met the teacher's expectations of "fast learners."<sup>5</sup>

In another study of teacher attitudes, ninety-six elementary teachers were asked to rate, based on photos, their expectations for each member of a group of children. If the teacher perceived the child as having a lower socio-economic status, it was more likely that the expectation would be for failure. This was especially true when the lower

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<sup>1</sup>Rist, Human Intelligence, ed. J. M. Hunt, p. 133.

<sup>2</sup>Rist, Human Intelligence, ed. J. M. Hunt, p. 139.

<sup>3</sup>Rist, Human Intelligence, ed. J. M. Hunt, p. 143.

<sup>4</sup>Rist, Human Intelligence, ed. J. M. Hunt, p. 146.

<sup>5</sup>Rist, Human Intelligence, ed. J. M. Hunt, p. 130.

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socio-economic status student was also black.<sup>1</sup> Teachers were less willing to make negative judgments about white children.<sup>2</sup>

A number of studies were located which looked at the way in which teachers expectations effected their students. First grade teachers who thought that boys would read less well than girls found that they did, while teachers who thought boys could read as well as girls found that to be the case.<sup>3</sup>

A study by Dalton found that persons told that they were at a disadvantage lowered their level of aspiration and did less well on an assigned task.<sup>4</sup>

Tuckman had 421 black junior and senior high school students in a cross-section of suburban and city schools arbitrarily moved up from one ability group to the next,

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<sup>1</sup>D. G. Harvey and G. T. Slater, "The Relationship Between Child's SES and Teacher Expectations: A Test of the Middle-Class Bias Hypothesis," Social Forces, LIV (1975), 146.

<sup>2</sup>Harvey and Slater, p. 155.

<sup>3</sup>J. M. Palardy, "What Teachers Believe, What Children Achieve," Elementary School Journal, LXIX (1969), 374.

<sup>4</sup>John E. Dalton, Richard A. Maier, and Emil J. Posavac, "A Self-Fulfilling Prophecy in a Competitive Psychomotor Task," Journal of Research in Personality, XI (December, 1977), 491.

without fanfare.<sup>1</sup> Three hundred eighty-four comparable students were retained in their assignment as the control group. Fifty-four percent of the experimental group were later recommended to remain in the higher group, but only 1 percent of the controls were recommended to move up.<sup>2</sup>

Institutionalized adolescent females' academic and classroom behaviors were studied in an experiment modeled after Rosenthal and Jacobson.<sup>3</sup> Although the study only covered a two-week period, expectancy group scores rose most on subjectively scored exams, although scores were up significantly even on objectively-scored exams.<sup>4</sup> Classroom behavior was also better in the expectancy group.<sup>5</sup>

In a study done in England and Wales, teachers' expectations caused student's performance to an extent appreciably exceeding that to which performance influenced expectation. Simply put, teachers influenced student

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<sup>1</sup>Bruce W. Tuckman and Milton Bierman, "Beyond Pygmalion: Galatea in the Schools" (paper presented at the annual meeting of the American Educational Research Association, New York, New York, February, 1971), p. 4.

<sup>2</sup>Tuckman and Bierman, p. 14.

<sup>3</sup>D. Meichenbaum, K. Bowers, and R. Ross, "A Behavioral Analysis of Teacher Expectancy Effect," Journal of Personality and Social Psychology, XIII (1969), 308.

<sup>4</sup>Meichenbaum, Bowers, and Ross, p. 310.

<sup>5</sup>Meichenbaum, Bowers, and Ross, p. 311.

performance significantly more than student ability influenced teacher expectations.<sup>1</sup>

Positive feedback can function as an expectancy condition. Fifty-two North Bronx first-grade boys and girls were randomly assigned between experimental and control groups. Both groups were given the same verbal task, but the experimental group was also given positive feedback. The girls and boys of the experimental group, in single sex groups and as a total group, had significantly higher performance than the control group, which received no feedback.<sup>2</sup>

In a study by Feldman and Prohaska, students were found to learn more from a teacher they had previously been told was "good" than from one they were told was "bad."<sup>3</sup>

Students' attitudes toward each other can also be influenced by expectations. In male and female dyads, playing the Prisoner's Dilemma game, one member of the dyad

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<sup>1</sup>W. D. Crano and P. M. Mellon, "Causal Influence of Teacher's Expectations on Children's Academic Performance: A Cross-Lagged Panel Analysis," Journal of Educational Psychology, LXX (1978), 47.

<sup>2</sup>Michael Hecht and Irene Strum, "The Self-Fulfilling Prophecy: An Adaptation" (paper presented at the fifth Annual Convocation of the Northeastern Educational Research Association, Ellenville, New York, November 1, 1974).

<sup>3</sup>Robert S. Feldman and Thomas Prohaska, "The Student as Pygmalion: Effect of Student Expectation on the Teacher," Journal of Educational Psychology, LXXI (August, 1979), 488-489.



was led to believe that the other either liked or disliked them. Males developed more positive attitudes toward those females they had been told liked them.<sup>1</sup>

Ancillary school personnel also seem to be susceptible to expectations. School psychologists were more likely to address and agree with the specific reason for referral when it was communicated directly to them.<sup>2</sup> In this study, eleven graduate students in a psychological internship were informed, in half of the cases, of the specific reason for the referral. In the other cases, the reason for referral was not given. When the reason for referral was known to the psychological intern they always agreed that the suspected problem was present. When they were not given the specific reason for referral, there were some disagreements.<sup>3</sup>

Most of the studies just considered demonstrated the effects of expectancy, but did not try to ascertain why those results were obtained. The next group of cited articles tries to shed light on what in the experimenter's

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<sup>1</sup>Stephen C. Jones and Deborah Panitch, "The Self-Fulfilling Prophecy and Interpersonal Attraction," Journal of Experimental Social Psychology, VII (May, 1971), 361.

<sup>2</sup>Romeria Tidwell, "Expectancy Effects and Their Relationship to Psychological Case Report Writing," Psychology in the Schools, XIII (July, 1976), 277.

<sup>3</sup>Tidwell, p. 277.

actions or behaviors caused the subjects to act as they did. King contends that new programs may be successful because success is expected by the administrators.<sup>1</sup> In another study the same author found that when supervisors were given bogus test scores and expectations about underprivileged workers, the expectations were confirmed.<sup>2</sup> The workers reported to supervisors as high aptitude personnel (HAP) received higher ratings for knowledge, production, and ability, than those in the control group. The HAPs were also rated higher in peer selection.<sup>3</sup>

Teachers in one study spent more time attending to students they had been told were bright.<sup>4</sup> These teachers rated "high expectation" students as more intelligent and as having greater potential for future success, than "low expectation" students.<sup>5</sup>

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<sup>1</sup>Albert S. King, "Self-Fulfilling Prophecies in Organizational Change," Social Science Quarterly, LIV (September, 1973), 384.

<sup>2</sup>Albert S. King, "Self-Fulfilling Prophecies in Training the Hard-Core: Supervisors Expectations and the Underprivileged Workers' Performance," Social Science Quarterly, LII (September, 1971), 369.

<sup>3</sup>King, "Self-Fulfilling Prophecies in Training the Hard-Core," p. 373.

<sup>4</sup>M. Rothbart, S. Dalfen, and R. Barrett, "Effects of Teacher's Expectancy on Student-Teacher Interaction," Journal of Educational Psychology, LXII (1971), 52.

<sup>5</sup>Rothbart, Dalfen, and Barrett, p. 53.

Physical attractiveness was thought to have been a factor in a study of the relationship between teacher expectations and a child's socio-economic status.<sup>1</sup> Roland did not find facial attractiveness of a child, when accompanied by a balanced psychological report, to be a significant factor in the formation of the teacher's or counselor's expectations.<sup>2</sup> Subjects' response to counselor influence has been found to depend upon the subject's attraction toward the counselor and the congruence of discussion topic expectations.<sup>3</sup>

Eye contact between students and teachers was shown to influence expectancy in a study of forty-five male undergraduates at Princeton.<sup>4</sup> In adjusted self-ratings of high and low eye contact groups, the high eye contact group felt more positively than those who received low eye contact.<sup>5</sup>

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<sup>1</sup>Harvey and Slater, p. 154.

<sup>2</sup>Carroll D. Roland, "Students' Facial Attractiveness as a Factor in Teacher and Counselor Expectations" (Ph.D. dissertation, Iowa State University, 1977).

<sup>3</sup>Michael J. Patton, "Attraction, Discrepancy, and Responses to Psychological Treatment," Journal of Counseling Psychology, XVI, No. 4 (1969), 323.

<sup>4</sup>Joel Cooper, "Self-Fulfilling Prophecy in the Classroom: An Attempt to Discover the Processes by which Expectations are Communicated" (Princeton, New Jersey: National Center for Educational Research and Development, October, 1971), p. 5.

<sup>5</sup>Cooper, p. 8.

Several studies have concluded that people tend to confirm another's beliefs about them, without clearly indicating the reason. Attractiveness of the other person seems to be a factor.<sup>1</sup> Jeter makes an important observation in saying that expectation alone is not enough, it must be translated into behavior.<sup>2</sup>

It is not clear whether it is something about the teacher or the teacher's behavior which causes the student performance, or something real or imagined about the student which influences the teacher. According to one article, the teacher, in an attempt to avoid negative outcomes, may use information about a student to deduce the contingency-specifying rules for behavior toward that student.<sup>3</sup> Statements to students from the teacher may be warm or cool. Students in an adult basic education class who were expected to be high performers received more warming and fewer cooling

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<sup>1</sup>Mark Snyder, Elizabeth D. Tanke, and Ellen Berscheid, "Social Perception and Interpersonal Behavior: On the Self-Fulfilling Nature of Social Stereotypes," Journal of Personality and Social Psychology, XXXV (September, 1977), 656; Mark P. Zanna and Susan J. Pack, "On the Self-Fulfilling Nature of Apparent Sex Differences in Behavior," Journal of Experimental Social Psychology, XI (November, 1975), 584.

<sup>2</sup>Jan T. Jeter, "Can Teacher Expectations Function as Self-Fulfilling Prophecies?" Contemporary Education, XLVI, No. 3 (1975), 164.

<sup>3</sup>G. Thomas Bellamy, "The Pygmalion Effect: What Teacher Behaviors Mediate It," Psychology in the Schools, XII (October, 1975), 456.

statements and performed better.<sup>1</sup>

Cooper found that high-expectation students believe they will, and more frequently do, receive feedback based on their expended effort than do low-expectancy students.<sup>2</sup> Since the "lows" believe that effort doesn't pay off, they are less under the control of the teacher.<sup>3</sup> The teacher feels this loss of control and creates a negative climate for "low" student initiations of behavior. This increases the teacher's control.<sup>4</sup>

An experiment with a group of job applicants divided into racial groups, black and white, supported the idea that nonverbal, immediacy cues, mediate, in part, the performance of an applicant in a job interview situation.<sup>5</sup> Blacks and males were the object of less positive teacher behaviors than whites and females in a study designed to test

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<sup>1</sup>Millar L. Blakey, Irwin R. Jahns, and Wayne Schroeder, "The Case of the Self-Fulfilling Prophecy," Adult Leadership, XX, No. 6 (1971), 225-226.

<sup>2</sup>Harris M. Cooper, "Pygmalion Grows Up: A Model for Teacher Expectation Communication and Performance Influence," Review of Educational Research, XLIX, No. 3 (1979), 396.

<sup>3</sup>Cooper, "Pygmalion Grows Up," p. 399.

<sup>4</sup>Cooper, "Pygmalion Grows Up," p. 406.

<sup>5</sup>Carl O. Word, Mark P. Zanna, and Joel Cooper, "The Nonverbal Mediation of Self-Fulfilling Prophecies in Interracial Interaction," Journal of Experimental Social Psychology, X (March, 1974), 119.

Rosenthal's four-factor theory of teacher expectancy mediation.<sup>1</sup>

Ability, or perceived ability, seems to elicit more positive and supportive teacher behavior. We have already discussed the observational study of Rist. That study found that Table 1 students were given more chances to respond to the teacher's questions and received more actual feedback and more positive feedback than students at Tables 2 and 3.<sup>2</sup> This was also demonstrated when expectations of giftedness were instilled in teachers by a source outside the classroom.<sup>3</sup> Not only were more statements requested of white "gifted" students, they were also praised more.<sup>4</sup> The opposite was true for "gifted" blacks. The author suggested that this was because "gifted blacks" conflicted with the teacher's expectations of that racial group.<sup>5</sup>

Another evidence of conflict in expectations is

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<sup>1</sup>Marylee C. Taylor, "Race, Sex, and the Expression of Self-Fulfilling Prophecies in a Laboratory Teaching Situation," Journal of Personality and Social Psychology, XXXVII (June, 1979), 909.

<sup>2</sup>Rist, Human Intelligence, ed. J. M. Hunt, p. 130.

<sup>3</sup>Pamela C. Rubovits and Martin L. Maehr, "Pygmalion Black and White," Journal of Personality and Social Psychology, XXV, No. 2 (1973), 214.

<sup>4</sup>Rubovits and Maehr, p. 214.

<sup>5</sup>Rubovits and Maehr, p. 215.

found in a study by Lavoie. Four hundred four teachers of grades one through six were told to rate student ability based on a color photo and student progress report. Teachers rated: (1) IQ; (2) grade point average; (3) percentile rank in class; (4) highest level of education they expected the child to achieve; (5) vocational potential of the child; and (6) leadership potential of the child.<sup>1</sup> The ratings were effected more by the conduct reports than by the physical attractiveness of the person pictured. Girls with poor conduct were judged to have higher IQs than girls with good conduct.<sup>2</sup> This was said to be because teachers look more positively at males and poorer conduct is expected from males. Therefore, poor conduct females were judged by male standards.<sup>3</sup>

Indian students were more likely to be seen as "poor" performers, receive more punishment, less praise, and be passed over more quickly in question and answer sessions, according to a study by Larson.<sup>4</sup> This data was based on

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<sup>1</sup>Joseph C. Lavoie and Gerald R. Adams, "Pygmalion in the Classroom: An Experimental Investigation of the Characteristics of Children on Teacher Expectancy" (paper presented at the Midwest Psychological Association annual meeting, Chicago, Illinois, May, 1973), p. 5.

<sup>2</sup>Lavoie and Adams, p. 6.

<sup>3</sup>Lavoie and Adams, p. 11.

<sup>4</sup>Wayne L. Larson, "Pygmalion in Native-Indian Education" (paper presented at the annual meeting of the Rural Sociological Society, Madison, Wisconsin, September, 1977).

interviews with student teachers about their observations of fully qualified practicing teachers.

Kerman found that the expectations of the teacher can drastically influence pupil behaviors.<sup>1</sup> As a student learns that he/she will not have the answer on the rare occasions they are called upon, their negative feelings are reinforced and in turn conveyed to the teachers.<sup>2</sup> Teachers have been shown to treat high and low ability students differently. The lows received less time and less encouragement.<sup>3</sup>

How do people get trapped in a self-fulfilling prophecy? From a psychological standpoint, it has been hypothesized that people talk themselves into failure, then search for things to confirm their own negative prophecy.<sup>4</sup> People learn helplessness and hopelessness, which is the client/student side of a self-fulfilling prophecy.<sup>5</sup>

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<sup>1</sup>Sam Kerman, "Teacher Expectations and Student Achievement," Phi Delta Kappan, LX (June, 1979), 716.

<sup>2</sup>Kerman, p. 716.

<sup>3</sup>Thomas L. Good and Jere E. Brophy, "The Self-Fulfilling Prophecy," Today's Education, LX, No. 4 (1971), 52.

<sup>4</sup>A. Steven Frankel, "Needs, Wants and Their Implications for Self-Fulfilling Prophecies," Psychotherapy: Theory, Research and Practice, XIV (Fall, 1977), 269.

<sup>5</sup>Carol S. Dweck, Therese E. Goetz, and Nan L. Strauss, "Sex Differences in Learned Helplessness: IV. An Experimental and Naturalistic Study of Failure Generalization and its Mediators," Journal of Personality and Social Psychology, XXXVIII (March, 1980), 447-448.



Seemingly innocent banter can establish a negative expectation with children and teachers.<sup>1</sup> According to Dworkin, expectation is a system of classification, not evaluation.<sup>2</sup>

### Rehabilitation Related Literature

For the remainder of this literature review, I will discuss the literature on self-fulfilling prophecy which relates most directly to the study undertaken here. Many studies have been done in relation to the perception and/or acceptance of persons with particular disabilities. Few have related directly to SSDI referrals or vocational rehabilitation.

In the area of disabling conditions it can be said that, "It is the personal meaning of the disability to the individual that is crucial in rehabilitation counseling practice."<sup>3</sup>

In the early days of the Social Security Disability program, referrals to vocational rehabilitation were felt to be among the most difficult with which to work. This was because of the advanced age of the client and the

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<sup>1</sup>Nancy Dworkin and Yehoash Dworkin, "The Legacy of 'Pygmalion in the Classroom,'" Phi Delta Kappan, LX (June, 1979), 713.

<sup>2</sup>Dworkin and Dworkin, p. 712.

<sup>3</sup>George Nelson Wright, Total Rehabilitation (Boston: Little, Brown and Company, 1980), p. 73.

severity of the disability.<sup>1</sup> When one considers the original requirements for disability the common perception may have been fairly accurate. The government document cited above indicated that many counselors had had bad first experiences with the DDS referrals. "Because of these earlier experiences, some counselors have generally assumed that all OASI referrals are poor and it is a waste of time to try to work with them."<sup>2</sup>

In order to improve referrals, an attempt was made to develop a "rehabilitation potential scale." This became known as the Novis, Marra, Zadronzny, or NMZ Scale.<sup>3</sup> The screen-out procedures, in effect prior to development of the NMZ Scale, tended to interject too much personal opinion into the referral decision. There was considerable variation in referrals from one counselor to another.<sup>4</sup> The new procedure was developed to screen out DDS applicants with

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<sup>1</sup>U.S., Department of Health, Education and Welfare, Eleventh Annual Guidance, Training and Placement Workshop Proceedings (Washington, D.C.: Office of Vocational Rehabilitation, 1958), p. 43.

<sup>2</sup>U.S. Department of Health, Education and Welfare, Eleventh Annual...Proceedings, p. 44.

<sup>3</sup>U.S. Department of Health, Education and Welfare, Thirteenth Annual Workshop on Guidance, Training and Placement Proceedings (Washington, D.C.: Office of Vocational Rehabilitation, 1960), p. 18.

<sup>4</sup>U.S. Department of Health, Education and Welfare, Thirteenth Annual...Proceedings, p. 23.

insufficient potential for vocational rehabilitation. It was an attempt to reduce the assessment to quantitative terms.<sup>1</sup> This was done by assigning a weighted value to the information about the client on medical condition, age, educational achievement, and experience factors.

A study of DDS referrals to the Iowa vocational rehabilitation program was done in the mid-1960s to assess the usefulness of the NMZ Scale scores. Six hundred referrals from DDS were randomly selected to be studied. The object was to see how well NMZ scores predicted acceptance for vocational rehabilitation or successful closure from vocational rehabilitation. The NMZ score was not found to be a very good predictor of either acceptance or closure, although age did seem to be an important variable.<sup>2</sup>

The initial interview is considered to be a very important part of the vocational rehabilitation process. If clients were told that they were to be interviewed by a more preferred counselor, less preferred counselor, or given no feedback on the type of counselor, there was a strong effect on the quality of interview behavior, as measured by

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<sup>1</sup>Frederick W. Novis, Joseph L. Marra, and Lucian J. Zadrozny, "Quantitative Measurement in the Initial Screening of Rehabilitation Potential," Personnel and Guidance Journal, XXXIX (December, 1960), 263.

<sup>2</sup>Leonard A. Miller and George Allen, "The Prediction of Future Outcomes Among OASI Referrals Using NMZ Scores," Personnel and Guidance Journal, XLV (December, 1966), 352.

nonparticipant observers.<sup>1</sup>

Alcoholics randomly rated as having a "high alcohol recovery potential" (HARP) got better faster than others in a study by Leake and King.<sup>2</sup> It is interesting that even other clients made more favorable evaluations of HARPs.<sup>3</sup> HARPs were more successful in finding jobs and personally rated themselves better.<sup>4</sup> When photos were used to try to tell the difference in expectancy, clients could tell that there was a difference in the photos, but could not identify what that difference was.<sup>5</sup>

A couple of studies were located which used the Attitude Toward Disabled Persons (ATDP) Scale. In the first, eleven counselors at a rehabilitation center were divided into positive and negative groups based on ATDP Scale scores.<sup>6</sup>

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<sup>1</sup>Andris Ziemelis, "Effects of Client Preferences and Expectancy Upon the Initial Interview," Journal of Counseling Psychology, XXI, No. 1 (1974), 28.

<sup>2</sup>George J. Leake and Albert S. King, "Effect of Counselor Expectations on Alcoholic Recovery," Alcohol Health and Research World, I (Spring, 1977), 18.

<sup>3</sup>Leake and King, p. 18.

<sup>4</sup>Leake and King, p. 20.

<sup>5</sup>Leake and King, p. 21.

<sup>6</sup>Conrad C. Krauft et al., "Counselor Attitude Toward Disabled Persons and Client Program Completion: A Pilot Study," Journal of Rehabilitation Counseling, VII (Spring, 1976), 51.

Two hundred center clients were divided into those who completed the evaluation and those who did not. Counselors rated the mentally retarded clients the least favorably of disabilities, followed by the cerebral palsied and spinal cord injured.<sup>1</sup> Overall, there was no significant relationship between counselor attitudes and client program completion. However, there was a significant relationship between counselor attitudes measured by the ATDP and the outcome of clients with mental retardation, cerebral palsy and spinal cord injury.

Another study used the ATDP Scale with thirty-four counselors at a workshop. In this study the ranking of disabilities was from most to least favorable: (1) paraplegia, (2) heart disease, (3) renal failure, and (4) cancer.<sup>2</sup>

Two groups of students, one able-bodied, the other disabled, were shown pictures of counselors, some in a wheelchair, some on crutches, and others with no obvious disability. For personal problems the disabled students preferred disabled counselors. The able-bodied preferred counselors in a wheelchair.<sup>3</sup>

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<sup>1</sup>Krauft et al., p. 52.

<sup>2</sup>Susan S. Pinkerton and Susan B. Nelson, "Counselor Variables Influencing Rehabilitation Outcome of Persons with Cancer," Rehabilitation Counseling Bulletin, XXI (March, 1978), 255.

<sup>3</sup>Robert E. Brabham, "Expectations of College Students Toward Physically Disabled Counselors" (Ph.D. dissertation, University of Missouri, Columbia, 1969).

The majority of employers in middle Tennessee who responded to a study by Holmes and McWilliams had knowledge about and were favorably disposed to hiring controlled epileptics. However, only about 15 percent did employ an epileptic.<sup>1</sup>

Differing perceptions of different disabilities are not confined to the American culture. In Israel, where employers are required to hire a government established percentage of their workforce from the disabled population, the amputee was looked upon most favorably, while the psychotic and blind were seen as least desirable.<sup>2</sup>

Counselors label client behavior, often in negative terms. Tichenor and associates found a considerable incongruence between clients' and counselors' perceptions of handicapped problems.<sup>3</sup> Counselors tend to judge the difference in perception as a problem of client motivation. The study found a greater tendency for counselors to fail to note a problem considered important by clients than for

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<sup>1</sup>David A. Holmes and Jettie M. McWilliams, "Employer's Attitudes Toward Hiring Epileptics," Journal of Rehabilitation, XLVII (April/May/June, 1981), 21.

<sup>2</sup>Victor Florian, "Employers' Opinions of the Disabled Person as a Worker," Rehabilitation Counseling Bulletin, XXII (September, 1978), 38.

<sup>3</sup>D. F. Tichenor, K. R. Thomas, and S. P. Kravetz, "Client-Counselor Congruence in Perceiving Handicapping Problems," Rehabilitation Counseling Bulletin, XIX, No. 1 (1975), 303-304.

clients to fail to note a problem considered important by the counselor.<sup>1</sup>

Counselors may discriminate against certain disabilities, but attribute their actions to other characteristics of the client. One study found that counselor trainees perceived both the physically disabled and the elderly as dependent.<sup>2</sup> It did find that the disabled are seen as more effective in solving existing problems.

It is significant that Schofield and Kunce found that descriptions of counselors could be made from their ratings of clients. Their findings suggest that vocational rehabilitation counselor perceptions and behaviors are influential in what happens to a client.<sup>3</sup>

Hooge says,

Negative labeling is the use of terminology which is based on subjective judgment/hypothetical interpretation unsubstantiated by fact and seldom empirically verifiable or behaviorally describable. This type of labeling can include any terminology not based in fact; it thrives in an

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<sup>1</sup>Tichenor, Thomas and Kravetz, p. 302.

<sup>2</sup>John D. Rasch, Ralph M. Crystal, and Kenneth R. Thomas, "The Perception of the Older Adult: A Study of Trainee Attitudes," Journal of Applied Rehabilitation Counseling, VIII (Summer, 1977), 124.

<sup>3</sup>Larry F. Schofield and Joseph Kunce, "Client Disability and Counselor Behavior," Rehabilitation Counseling Bulletin, XIV (March, 1971), 164.

atmosphere of predetermined thought and prejudiced expectations regarding disability types.<sup>1</sup>

Contrary to the belief of many counselors, labeling does not explain behavior, it only names it.<sup>2</sup> Labeling by a counselor of co-workers or clients, can work like a self-fulfilling prophecy.

Consider that if co-workers communicate (either overtly or covertly) that they expect the disabled person to perform at a lower level than an able-bodied person, the result is a reduction in the perceived self-competence of the person. This<sup>3</sup> can then be reflected in reduced work performance.

Perhaps the very act of applying for and receiving special forms of aid, such as welfare and Social Security, reinforces a person's already-developing negative definition of self.<sup>4</sup> Although severity of disability did not account for the difference, SSDI and SSI beneficiaries were less likely to be rehabilitated than were non-beneficiaries.<sup>5</sup>

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<sup>1</sup>Norman C. Hooge, "Labeling in the Counseling Process," Journal of Applied Rehabilitation Counseling, VIII (Summer, 1977), 84-85.

<sup>2</sup>Hooge, p. 85.

<sup>3</sup>Dennis J. Dunn, Placement Services in the Vocational Rehabilitation Program (Menomonie: University of Wisconsin-Stout, Department of Rehabilitation and Manpower Services, Research and Training Center, 1974), p. 87.

<sup>4</sup>Leo Sandron, "Two Opposing Models for a Self-Fulfilling Prophecy," Counseling Psychologist, II, No. 3 (1971), 84.

<sup>5</sup>Sybil R. Better et al., "Disability Benefits as Disincentives to Rehabilitation," Milbank Memorial Fund Quarterly/Health and Society, LVII, No. 3 (1979), 412.



Schlenoff said that disability benefits encourage the "sick role" and rehabilitation may be seen as a threat to the SSDI recipient's income.<sup>1</sup> In support of the importance of disability in a person's life, Finkelstein argues that disability is a social relationship and occurs in the context of specific social roles.<sup>2</sup>

In a follow-up study of persons allowed Social Security benefits in 1972, the best rates of rehabilitation were the younger, better educated, and those disabled by injuries.<sup>3</sup> This is also true in the regular vocational rehabilitation program.

One approach that seemed to have positive initial results was an intensive two-week program at the Kansas City Rehabilitation Institute. In this program, of the SSDI/SSI recipients who completed it during its first year, 67 percent entered job skill training or employment.<sup>4</sup>

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<sup>1</sup>David Schlenoff, "Obstacles to the Rehabilitation of Disability Benefits Recipients," Journal of Rehabilitation, XLV (April/May/June, 1979), 57-58.

<sup>2</sup>Victor Finkelstein, Attitudes and Disabled People (New York: World Rehabilitation Fund, Inc., 1980), p. 13.

<sup>3</sup>Ralph Treitel, "Recovery of Disabled Beneficiaries: A 1975 Follow-up Study of 1972 Allowances," Social Security Bulletin, IV (April, 1979), 3.

<sup>4</sup>Barbara Hildner, "A New Approach to the Rehabilitation of SSDI-SSI Recipients," Journal of Rehabilitation, XLIV (October/November/December, 1978), 35.

Finally, a Swedish study divided 2000 disabled persons into matched pairs, by age. One of each pair was selected at random to receive intense rehabilitation services. The other half of the pair (control group) received no services.<sup>1</sup> During the first year the control group returned to work at a slightly faster rate than the experimental group. Approximately 50 percent of each group had returned to work after one year, but the experimental group became greater consumers of medical care and drugs.<sup>2</sup>

In summary, almost all researchers agree that there is a phenomenon which can be called the self-fulfilling prophecy. Not all agree exactly how the self-fulfilling prophecy works or the situations in which it is effective. Most of the research has been done in school settings, especially the lower elementary grades. Few studies were found which related directly to the particular group under study in this project.

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<sup>1</sup>Einar Helander, "Rehabilitering av Lagvarigt Sjukskrivna," The Economics of Disability: International Perspectives, ed. and trans. Susan Hammerman and Stephen Maikowski (New York: Rehabilitation International, 1981), p. 160.

<sup>2</sup>Helander, The Economics of Disability, ed. and trans. Hammerman and Maikowski, p. 161.

## Chapter 3

### METHODOLOGY

The research proposed for this study called for all Disability Determination Services referrals to vocational rehabilitation for a period of two months to be randomly assigned a rating of 1-High, 2-Medium, or 3-Low, for the item Rehabilitation Potential. The assigned ratings matched the codes which have been in use for this item since 1974. The regular process was for each counselor to make an assessment and rating of Rehabilitation Potential on each new client at the time of acceptance.<sup>1</sup>

The referral to vocational rehabilitation from Disability Determination Services (DDS) is a copy of the Social Security Administration that a claimant has been allowed or denied disability benefits. The form, or an attachment, contains basic data about the client, including the alleged disability and the justification for the decision made by DDS. The justification usually relates to medical factors and limitations.

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<sup>1</sup>Iowa Rehabilitation Education and Services, Procedural Handbook, p. D-32.

To this packet I attached a one-half page form (Appendix A). The form read: "Notice: Based upon statistical data collected for the past twenty-five years, the Social Security Administration has determined that this referral has a (blank) Rehabilitation Potential and is to be coded (blank) in CSR-300, Item D-43." The blanks were filled in with a black felt tip pen. The first blank contained either the word, "High," "Medium," or "Low." The second blank contained the code number appropriate to the word; 1-High, 2-Medium, or 3-Low. Prior to the start of the study the forms were marked and stacked, alternating 1, 2, 3, throughout. Each time a case was processed the top form was used. This gave an even and random distribution.

When the half page attachment was placed on the referral packet, basic information, name, Social Security number, date, and rating assigned, was recorded to assure that information on that case could later be retrieved from the computer. The referral forms were sent to the vocational rehabilitation office providing services in the geographical area in which the address of the person fell. From that point on data for the study was retrieving from a computer terminal in the author's office.

In 1974 the Iowa Rehabilitation Education and Services Branch (RESB) instituted a computerized data collection form, the CSR-300. This is a two-copy form which is kept up-to-date in red pen by the field counselor or

secretary. When new data is entered the top copy of the CSR-300 is sent to the state office and the new data is entered into the computer. A new CSR-300 set is printed that night and sent to the counselor the next day for inclusion in the case file and to be used for further data updates, as needed.

Because certain data is required to be entered on the CSR-300 and computer at specific points in the progress of the client's rehabilitation, it was possible to gather all the data required for this study from the computer, without contacting the counselor. The initial referral sheet, attached to the referral forms, was the only time the counselor was involved with any action which varied from normal case procedures. A second form was devised to collect the data from the computer terminal (Appendix B).

The minimal involvement of the counselor kept the original half-sheet referral form influence from being tainted by further counselor contact. It also assured the author that the data would be available, regardless of the counselors' response.

The half-sheet referral form was attached to all DDS referrals, except those that the computer indicated already had a vocational rehabilitation case file open and in status 06 or above. Forms were attached starting September 1, 1981. The original proposal called for referrals to this study for two months.

In order not to influence the possible expectation effects, the number of RESB employees who knew about the study was kept to a minimum. The only persons told that the half-sheet rating forms were part of a study were the agency director, the coordinator of planning and evaluation, the SSDI-SSI coordinator, and one secretary. The rating forms were attached to the referrals by that secretary or this writer. A list of names and Social Security numbers was made so that the cases could later be located in the computer file. The list included the date referred to the study, referral name, Social Security number, and the rating for Rehabilitation Potential that was assigned.

The only notice given to field staff that a different form would be arriving with the SSDI and SSI referrals was an article in the RESB Report, the agency bi-weekly newsletter (Appendix C). The article notified the staff that Social Security had determined the rehabilitation potential ratings through computer analysis of the referrals to vocational rehabilitation over the past twenty-five years.

Within a few days after the start of the study, some field personnel began calling the SSDI-SSI Coordinator to ask about the rating forms. The calls generally were of a "no one is going to tell me how to rate my clients" type. Some wanted the Coordinator to try to get the attachments stopped. In all cases, the Coordinator said that he knew no more than the other staff about the attachments. He did

refer them to the RESB Report article, which all indicated that they had read.<sup>1</sup>

On September 22, one of the RESB Regional Managers indicated to the Coordinator that he was getting a lot of questions about the ratings from the supervisors and counselors in the offices under his jurisdiction. Since he had been unable to get an answer from anyone about the purpose for the attachments, or an explanation of why he should continue paying any attention to them, he had decided that he was going to start removing and discarding the forms from referrals received in his region. The Coordinator was tempted to tell the Regional Manager about the study, but did not.<sup>2</sup>

The Coordinator informed this author of the questions and complaints as they were received. Until the threat to remove the forms, all questions were ignored. Since the Regional Manager would be removing the forms before they were seen by the counselors, and hence, before the counselor attitude could be influenced, this could not be ignored. The possible actions seemed to be limited to three:

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<sup>1</sup>Statement by Harlan Watson, RESB/DDS Coordinator, personal interview, Des Moines, Iowa, September 8, 1981.

<sup>2</sup>Statement by Harlan Watson, RESB/DDS Coordinator, personal interview, Des Moines, Iowa, September 22, 1981.

1. Tell the Regional Manager about the study and solicit his cooperation. It was not clear that the desired cooperation would be forthcoming. It was also possible that knowledge of the study by a person so close to the production level could unintentionally influence the outcome.
2. Remove the data for that region from the study. Since this region covers the largest city in the state and a sizeable contingent of vocational rehabilitation counselors, it was felt that this approach would exclude too many of the target population referrals. Any interpretation of the results might be seriously limited by this action.
3. Discontinue assigning cases to the study and use those already assigned. This approach allowed all questions that had arisen to continue to be ignored. It was expected that once the forms stopped arriving, the questions would end. This proved to be true.

On September 23, 1981, this writer discussed the possibilities and need for action with Dr. James Halvorson, a member of the doctoral committee.<sup>1</sup> On that date the number of cases assigned to the study was 160, which was deemed to be sufficient for the study. Therefore, it was decided that the best decision was to discontinue assigning cases to the study. Those cases already assigned became the bases for the study.

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<sup>1</sup>Discussion with Dr. James Halvorson, doctoral committee member, telephone contact, Des Moines, Iowa, September 23, 1981.



## Chapter 4

### COLLECTION AND ANALYSIS OF DATA

The computer terminal was consulted occasionally to gather data on the cases which had had the half-sheet referral form attached. A case was considered complete when it had moved to status 08, closed before eligibility was established, or status 10, eligible for vocational rehabilitation services. Any referral on which a case file was not opened was treated as if it had been closed in status 08.

The null hypothesis was tested by this study. The hypothesis was that there would be no statistical difference, at the .05 level, in the number of cases which were rated 1, 2, or 3 on Rehabilitation Potential, that were found eligible for service, status 10, or closed before eligibility, status 08. The statistical procedure used was the Chi Square ( $\chi^2$ ).

In the process of gathering the data it was found that eight cases, which had been sent to the field offices as new referrals, were already open or in the process of being opened. Since the process of determining eligibility, which the study was looking at, was already underway, those

eight cases were excluded from the study. This left 152 cases for the study.

Of the cases in the study, ninety-eight were never formally opened by a field counselor. These were automatically treated as though they had been closed before acceptance, status 08. The remaining sixty-two cases had been closed, status 08 (forty cases), or declared eligible, status 10 (twenty-two cases), by May 1, 1982. Table 1 shows the distribution of cases and expected value for each of the cells.

Table 1

Chi Square - Observed and Expected Frequencies of All Cases Falling in Each of the Three Possible Ratings of Rehabilitation Potential, by Type of Closure

	Rehabilitation Potential Rating			N
	1 (High)	2 (Medium)	3 (Low)	
08 (closure)	43/44	47/44	40/42	130
10 (eligibility)	8/7	5/8	9/7	22
Both	51	52	49	152

A Chi square test was used to determine whether the frequency of the conditions of Rehabilitation Potential of the referrals differed by closure type. The obtained  $\chi^2 = 2.16$ ,  $df = 2$ , was not significant at the .05 level.

The formula for the multi-sample  $\chi^2$  comparison, as suggested by Friedman, was applied.<sup>1</sup> The expected values for the various cells were all greater than five, which Friedman suggests is necessary for a reliable and non-inflated  $\chi^2$ .<sup>2</sup>

Using the formula  $\chi^2 = \sum \left[ \frac{(O-E)^2}{E} \right]$  a Chi square of 2.16 was obtained. With  $df = 2$ , this was not significant at the .05 level. Therefore, the null hypothesis was retained. The Rehabilitation Potential ratings did not influence the way that counselors looked at and dealt with newly referred clients from Social Security Disability Determination. The expectancy of Rehabilitation Potential as High, Medium, or Low, did not influence the chance of that client being found eligible or ineligible for vocational rehabilitation services.

It was recognized in the study proposal that some cases would not be assigned and provisions were made for handling those referrals. They were considered to have been closed in status 08. However, it came as a surprise that ninety-eight of the 160 cases (61 percent) were not assigned. Since such a high number were not assigned the possible statistical influence of the unassigned cases had

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<sup>1</sup>Herbert Friedman, Introduction to Statistics (New York: Random House, 1972), p. 31.

<sup>2</sup>Friedman, p. 34.

to be considered. The unassigned cases were removed from the data and the statistical procedures were redone (Table 2).

Table 2

Chi Square - Observed and Expected Frequencies of  
Assigned Cases Falling in Each of the Three  
Possible Ratings of Rehabilitation  
Potential, by Type of Closure

	Rehabilitation Potential Rating			N
	1 (High)	2 (Medium)	3 (Low)	
08 (closure)	12/13	17/14	11/13	40
10 (eligibility)	8/7	5/8	9/7	22
Both	20	22	20	62

A Chi square test was used to determine whether the frequency of the conditions of Rehabilitation Potential of the cases actually accepted differed significantly by closure type. The obtained  $\chi^2 = 2.87$ ,  $df = 2$ , was not significant at the .05 level.

Again all of the expected values are above five, and, therefore, expected to be reliable and non-inflationary of the  $\chi^2$  value. The  $\chi^2$  formula yielded a value of 2.87. To be significant at the .05 level, with two degrees of freedom, the  $\chi^2$  critical value would have had to be 5.99 or greater. Even with the unassigned cases removed from the data, the level of significance was not reached. The null hypothesis was still retained.

Several pieces of data which did not lend themselves to statistical analysis resulted from this study. The assigned cases were opened by a total of thirty-nine vocational rehabilitation counselors. One counselor received four cases, seven received three, six received two, and the remaining twenty-five received only one. Of the sixty-two referrals that were opened twenty had a different Rehabilitation Potential rating on the first CSR-300 that was submitted to the State Office than was on the rating form sent with the referral information. Another twenty cases had no entry in the Rehabilitation Potential item at the first submission of the CSR-300.

### Summary

The study was conducted to determine if artificially setting rehabilitation counselors' expectations of success with referrals from DDS, by randomly assigning a rating for Rehabilitation Potential, would change the results of the eligibility decision process. Would counselors treat the clients as if the assigned Rehabilitation Potential ratings were accurate?

The null hypothesis stated that there would be no statistical difference in the number of cases rated 1 (High), 2 (Medium), or 3 (Low). The statistic to be used was the Chi square ( $X^2$ ), with a significance level of .05 established. Analysis of the data as a whole, and only of those

referrals on which a case was actually opened, failed to reach the level of significance. The null hypothesis was retained. Evidence that counselors would treat referrals as if the assigned ratings of Rehabilitation Potential were accurate was not found.

## Chapter 5

### SUMMARY AND CONCLUSIONS

#### Description of Problem

Cases referred to Vocational Rehabilitation from the Social Security Disability Determination Services are found eligible for rehabilitation services at a much lower rate than referrals from other sources. There does not appear to be any major difference in this group of referrals which would account for this outcome. There is considerable negative verbalization among VR counselors about the quality of DDS referrals.

This study was undertaken to determine if the actions of vocational rehabilitation counselors in Iowa would be influenced in their actions toward cases referred from the Disability Determination Services, by providing a rating on an undefined term called Rehabilitation Potential. The ratings were done randomly and sent to the counselor with the DDS referral forms. Counselors were led to believe that the rating was based on a computer model developed by Social Security. This model was supposed to have been developed from outcome statistics gathered over many years on DDS referrals to the vocational rehabilitation program.

### Research Methodology

The expectation was given by attaching a one-half page form to the regular DDS referral forms. All data was collected from statistical data placed on a computer, based on the form the counselor is regularly required to complete on every case.

A multi-sample Chi square ( $\chi^2$ ) was used to determine if there was a significant difference at the .05 level between cases assigned ratings of High (1), Medium (2), or Low (3) Rehabilitation Potential, and the outcome, not eligible for services (status 08) or eligible for rehabilitation services (status 10).

### Findings

Two Chi squares were performed with the obtained data. The first used all 152 cases in the study. The second used only those cases which were assigned. Both tests had adequate numbers assigned to each cell to be considered reliable and noninflated.

The null hypothesis was tested with a significance level of .05. Neither Chi Square was significant at that level. The null hypothesis was retained.

### Conclusions

The ratings of rehabilitation potential supplied to the VR counselors did not influence whether those cases were



found eligible or closed before eligibility. This was true whether all DDS referrals or only those formally assigned are considered.

The reaction of some of the counselors and regional managers was exceptionally strong and may account for the lack of effect of the expectancy. Certainly the reaction is much different than that reported in most studies. The outcome, lack of effect of the expectancy, is also at odds with most studies.

### Discussion

The majority of the literature cited in Chapter 3 of this work suggests that an expectation, whether given by an authority or an unknown source, will influence those to whom it is given. Therefore, it seems important to discuss some of the possible reasons that Iowa vocational rehabilitation counselors did not appear to be influenced by the assigned ratings for Rehabilitation Potential. The reasons suggested here are only a few of the possibilities, but they are directly related to vocational rehabilitation, DDS, and the process under study in this report.

1. The counselor is required to deal with policies, regulations, and laws, to such an extent that they feel that there is no leeway for consideration of the opinions of persons outside the rehabilitation organization. Social Security and DDS have different eligibility requirements

than vocational rehabilitation and cannot be expected to code vocational rehabilitation cases correctly. In twenty of the sixty-two cases the counselor entered a different code on the CSR-300 than the one on the referral form.

2. Counselors don't believe that the Rehabilitation Potential rating is important. Counselors are told that this is an opinion item. It is not a part of the information required on the federal statistical report. The CSR-300 instructions provide no criteria for making this rating.<sup>1</sup>

3. Counselors may not read the referral material closely enough to realize that there is a required case action. The fact that no entry for rehabilitation potential was made on the statistical report form of twenty of the sixty-two assigned cases at assignment might indicate a lack of counselor observation. However, since counselors are not used to making this judgment or entry until a declaration of eligibility is made, it could have been a function of habit not to enter the rating at assignment.

4. Counselors may be so used to making the judgment on Rehabilitation Potential that they are unwilling to give up that judgment to an outside agent who has not seen the client. As indicated earlier in this paper, many negative

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<sup>1</sup>Iowa Rehabilitation Education and Services,  
p. D-32.

responses were received to the ratings form. This was the reason the assignment of cases to the study was discontinued. In addition to the anecdotal evidence of counselor dislike of the imposed ratings, there is other evidence of resistance. Of the sixty-two study cases that were opened, twenty had a different rating on the CSR-300 submitted at assignment than was on the rating form sent with the referral. Another twenty cases had no entry in the Rehabilitation Potential item, at first CSR-300 submission. This means that on almost two-thirds (forty of sixty-two) of the cases actually assigned the referral form directions were not followed. It was impossible to tell the reason for this, without compromising the study.

5. Vocational rehabilitation counselors may pay little attention to the opinion of DDS personnel about the Rehabilitation Potential of referrals. Because the eligibility requirements for Social Security Disability and those for vocational rehabilitation are so different, indications from counselors comments are that the vocational rehabilitation counselors pay little attention to the opinions of DDS. Even though the rating was reported to have come from Social Security, the referral form to which it was attached came from DDS. There is some doubt whether counselors make any distinction. They see both as Social Security and hence, poor referrals.

6. The distance, both in time and location, between

seeing the paper rating and seeing the client may have been too much to allow carryover influence. The Pygmalion effect might have shown up if the client had been seen directly after the referral was read, or if the client could have hand carried the referral and rating to the vocational rehabilitation office. As it worked, the counselor may not have seen the client for a period of from a week up to a couple of months after the rating was received. The counselor would not necessarily have had the rating in front of him/her at that time. The effects of the rating, if any, may have dissipated before there was any chance of it being identified with a particular client.

7. Counselors may not be influenced by the opinions of others on the Rehabilitation Potential item, because they are used to working with people whom others have said can't be successful. Many clients also feel this initial hopelessness. Counselors learn that initial assessment and opinions are often misleading, so they learn to ignore them. However, if this explained the outcome, I would have expected to find many more lower rated clients being successful, than I did.

8. Almost all vocational rehabilitation counselors have a graduate level course in statistics as a part of their academic training. Counselors may understand the statistics and not trust the computer model to predict individual potential for rehabilitation from group data.

There are many other possible explanations, perhaps

an infinite number, which would explain why no expectancy effect was shown in this study. It is not possible to explain this outcome further than saying that the null hypothesis was retained and no expectancy effect was shown.

Given the current system of case referrals and reporting of the item Rehabilitation Potential, it is believed that the methodology used in this study was the most likely, of the possibilities available, to convince counselors that the rating form was legitimate. The form and its method of delivery constitute an honest effort to influence the eligibility decisions of counselors on the cases involved in the study.

#### Recommendations

The reluctance of some counselors and regional managers to readily accept the rating report on the half-sheet referral forms limits the interpretation which can be placed on the data from this study. The negative bureaucratic response may be part of the explanation of why the Pygmalion effect was not evidenced in this study. It may partially explain why the results of this study were the opposite of those reached by most other studies of expectancy.

The effect of expectancy on vocational rehabilitation counselors working with DDS referrals is an area that could benefit from further study. One place to start would be to follow the cases which were made eligible (status 10)

until they are closed, to see if there is any significant difference, given the ratings at referral, between cases eventually closed as rehabilitated (status 26) and those closed as not rehabilitated (statuses 28 and 30). It is possible that an expectancy effect would be shown at that later time.

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## APPENDICES

## APPENDIX A

## HALF-SHEET REFERRAL FORM

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ATTENTION-----ATTENTION-----ATTENTION

Notice

Based upon statistical data collected for the past  
twenty-five years the Social Security Administration  
has determined that this referral has a \_\_\_\_\_  
Rehabilitation Potential and is to be coded \_\_\_\_\_  
in CSR-300 item D-43.

(This form need not be retained after recording.)

SSR-D-43

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## APPENDIX B

## COMPUTER RETRIEVAL FORM

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Case #	Prev..closure/status/date-		
Name	S.S. #	S.S. Status	
County # (B-35)	Age (B-45)	Sex (B-53)	
Reported Disability Code (C-30)		Counselor # (C-38)	
Code Assigned (D-43)	00 Date (H-18)		
Disposition	Date	SD (K-19)	

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## APPENDIX C

## RESB REPORT ARTICLE

## PREDICTION

Do you often wonder what happens to all the data that goes on all the forms that cross your desk? Usually you encode the form or forms and send it off into the vast unknown. It is seldom that you hear about the data again. When you do, it isn't usually in a form that you can use. Even if you understand statistics, most research doesn't tell you anything that you can use with individual clients.

After collecting data for 25 years on persons found eligible for disability benefits, the Social Security Administration has established a computer model to assess rehabilitation potential. In the near future they will be indicating in a form to be attached to the referral packet whether the referral has a high, moderate, or low potential for rehabilitation. Hopefully this will indicate to the counselor that there is a purpose and use for the data that is collected.<sup>1</sup>

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<sup>1</sup>RESB Report, X, No. 16 (September 1981), p. 2.